

**BRAAM SETTLEMENT:
PANEL DECISIONS ON CHILDREN'S ADMINISTRATION
COMPLIANCE PLAN #2**

DECEMBER 19, 2006

Covers the performance period ending June 30, 2006



*Braam
Oversight
Panel*



Braam Oversight Panel

The Braam Oversight Panel was created in 2004 to oversee a Settlement regarding Washington State's foster care system. The Settlement was reached after a six-year period of litigation. The named Plaintiff, Jessica Braam, is an adult who lived in 34 foster homes by the time the suit was filed in 1998. The Settlement is intended to improve the conditions and treatment of children in the custody of the state's Division of Children and Family Services.

The Panel was created to monitor improvements in selected services and ensure quality standards are met over the next seven years. This independent Panel was mutually selected by the parties (the Plaintiffs who filed the lawsuit and the state of Washington). The Panel, working in collaboration with the Department of Social and Health Services (DSHS) and with substantial input from the Plaintiffs and other stakeholders, developed an Implementation Plan for the six areas specified in the Settlement.

This document provides Panel decisions on the twelve compliance plans submitted in response to the Panel's Monitoring Report #2, which covered the period ending June 30, 2006.

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Note: No new compliance plans were required in response to Monitoring Report #2 in the areas of placement stability, foster parent training and information, and sibling separation.

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SUMMARY FINDINGS

On September 20, 2006, the Panel issued its second Monitoring Report, which covered performance under the Settlement Agreement through June 30, 2006. This Monitoring Report included Panel decisions regarding the status of action steps from the Settlement Agreement and the Implementation Plan that came due during this period, as well as initial baseline data in a number of areas.

The Panel concluded in Monitoring Report #2 that the Department failed to complete 12 of the action steps that became due during the performance period. The Settlement provides for the Department to submit proposed compliance plans within 30 days.

In November 2006, the Department submitted compliance plans and the plaintiffs provided comments on these plans. The Department revised the compliance plans based on plaintiffs' comments, and submitted its proposed compliance plans to the Panel on December 1, 2006.

The Panel's findings on the status of the twelve Action Steps that had been determined to be incomplete in the September 2006 Monitoring Report can be summarized as follows:

- Additional documentation and materials provided by the Department has led the Panel to declare two additional Action Steps to be complete and no longer subject to compliance review:
 - Action Step 4(c)(3)- timely safety assessment for children suspected to be victims of child abuse or neglect while in the Department's custody
 - Services to Adolescents Goal 3, Outcome 3, Action Step 5- review policies and approaches regarding collaboration with law enforcement concerning children missing from care
- Compliance Plans for eight additional Action Steps have been approved. In each of these areas, the Department has developed, and the Panel has now approved, a plan to complete the action step according to a revised timeframe. In some instances, the Panel has also approved changes in activities, using slightly different strategies to accomplish the main objectives of the action step. The Panel will review completion of these compliance plans and the associated action steps in future reports. The eight steps with newly approved compliance plans are:
 - Action Step 2(c)(1)- Availability and utilization of regional medical consultants
 - Mental Health Goal 3, Outcome 2, Benchmark 4, Action Step 2- Access to mental health crisis lines
 - Mental Health Goal 3, Outcome 2, Benchmark 4, Action Step 3- Notice of right to review a delay or denial of assessment or service
 - Mental Health Goal 3, Outcome 3, Benchmark 1, Action Step 1- Process to assess services and outcomes for children from diverse racial and ethnic backgrounds
 - Action Step 6(c)(1)- Integrated, re-designed service model for adolescents
 - Action Step 6(c)(7)- Educational outreach positions to assist children in out-of-home care in meeting K-12 educational objectives and preparing for higher education goals
 - Action Step 6(c)(9)- Caregiver training on educational advocacy skills

- Services to Adolescents Goal 2, Outcome 3, Action Step 1- Replicate WSIPP study examining educational attainment of foster youth
- Elements of the Compliance Plans for two Action Steps remain unacceptable. The Panel has not approved the proposed compliance plans for two action steps. Comments detailing the Panel's concerns with these compliance plans can be found in the body of the document:
 - Action Step 4(c)(2)- Increase compliance with policy requiring workers to visit children in placement within the first week of out of home care
 - Action Step 6(c)(10)- Develop and implement tutoring and mentoring services, in conjunction with existing community resources, to improve educational outcomes for adolescents in out-of-home care

For several action steps for which compliance plans have been approved, the Panel has identified additional issues or concerns. These concerns are noted in the body of the document, and the Panel will examine how the Department has addressed these issues when it assesses implementation of compliance plans in future Monitoring Reports to determine whether these steps have been completed.

Note that the figures above are *in addition to* the 19 action steps that in or prior to the September 2006 Monitoring Report were determined to be complete, and the 11 steps that are already under approved compliance plans. The figures above also do not include 2 steps that have been operating without acceptable compliance plans since September 2006: Action Step 1(c)(9), pertaining to COA caseload standards and Action Step 4(c)(1), related to contact between social workers and family, children and caregivers on a monthly basis.

Further detail on the status of action steps other than the twelve steps addressed here can be found in the Panel's September 2006 Monitoring Report #2.¹

Format of this Document

Decisions and specific comments on the Department's proposed compliance plans for the twelve action steps for which new compliance plans were required pursuant to the Panel's September 2006 Monitoring Report #2 are found in the matrix in the body of this document.

For each action step, the second column of the matrix shows the Panel's findings in Monitoring Report #2 (September 20, 2006)¹ and the last column shows the Panel's decision and any relevant comments on compliance plans and additional documentation submitted by the Department. Information that is new since Monitoring Report #2 is underlined.

Communications from the Department and the plaintiffs related to the compliance plans are incorporated as appendices to this document.

¹ The September 2006 Monitoring Report #2 can be found online at <http://www.wsipp.wa.gov/braampanel/MonRptSept06.pdf>.

Next Steps

Pursuant to the Settlement Agreement, the Department may submit revised plans for those compliance plans that the Panel has not approved within 21 days of the issuance of this report.

The process of developing and implementing compliance plans will serve as a vehicle for the Department to achieve the goals of the Braam Settlement by ensuring that action steps identified in the Implementation Plan are accomplished. The Panel will review completion of approved compliance plans and associated action steps in future reports.

Area/Action Step	Panel Decision in Monitoring Report # 2	Panel decision on 12/06 Compliance Plan
Mental Health		
<p>Improve availability and utilization of regional medical consultants.</p> <p>KCF II 16.2.1 (originally 16.1.4) <i>Action Step 2(c)(1) in Settlement</i></p> <ul style="list-style-type: none"> • Identify clear roles and responsibilities of regional medical consultants (12/04) • Provide regional medical consultant for each region (.5 FTE/region) (5/05) • Communicate to staff about roles and responsibilities of medical consultants and how to access their services (6/05) • Review utilization history to determine how to increase effectiveness of consultants with lower utilization rates (6/30/06) 	<p>Incomplete</p> <p>First three substeps are complete (Monitoring Report, March 28, 2006)</p> <p>With respect to last substep, CA has provided basic utilization information. However, there is no indication that these data have been compiled and analyzed to determine how to increase effectiveness of consultants with lower utilization rates.</p>	<p><u>Panel approves Compliance Plan.</u></p> <p><u>In order for this action step to be considered complete, the Panel will expect the Department's report in February 2007 to monitor and report on the effectiveness of the regional medical consultants, in addition to describing regional barriers and strategies.</u></p>

Area/Action Step	Panel Decision in Monitoring Report # 2	Panel decision on 12/06 Compliance Plan
<p>Goal 3, Outcome 2, Benchmark 4, Action Step 2 Action Step Page 30 Implementation Plan</p> <p>The Department will ensure that:</p> <ul style="list-style-type: none"> • each child who experiences a crisis related to mental health or substance use disorders will have access to crisis intervention services through the 24-hour mental health crisis hotline. 06/30/2006 • all foster parents and caregivers are informed about how to access the 24-hour mental health crisis hotline. 06/30/2006 • any non-mental health/non-substance use calls will be referred to the foster parent after hours support line. 06/30/2006 	<p>Incomplete</p> <p>The Panel acknowledges that there are multiple mental health crisis lines serving counties across the state and will change the first two substeps of the action step to “ a 24-hour mental health crisis hotline”, rather than “<i>the</i> 24-hour...”</p> <p>Regarding the second substep, posting a web link to the 24-hour MH crisis line numbers does not ensure that all foster parents and caregivers are informed. The Department needs also to employ other notification strategies, including, at least, a mailing to all foster parents and caregivers, providing the information in pre-service and in-service training, distributing flyers at caregiver conferences, and including the information in materials provided to all new foster parents and caregivers.</p> <p>Regarding the third substep, training only the caregivers about when to use the foster parent after hours support line and when to use the mental health crisis lines is not sufficient. Each MH crisis line must be notified about the availability and purpose of the foster parent after hours support line. The foster parent line phone number should be posted at each MH crisis line location.</p>	<p>Panel approves Compliance Plan.</p> <p><u>In order for this action step to be considered complete, the Panel will require additional detail on when each component of the compliance plan will be accomplished. For elements #1-5 of the compliance plan, the Panel will need to see evidence that these have been accomplished, as well as information on plans to continue this outreach on an ongoing basis.</u></p>
<p>Goal 3, Outcome 2, Benchmark 4, Action Step 3 Action Step found on Page 31 Implementation Plan</p> <p>The Department will provide notice to the child, child's caregiver, child's parent (when appropriate), tribal representative (when applicable), and child's representative of their right to request an administrative review of any denial or undue delay of an assessment or a service. 06/30/2006</p>	<p>Incomplete</p> <p>The Panel has several concerns:</p> <ul style="list-style-type: none"> - the Department's submission provides information only on procedures for reviews for denials of Regional Support Network (RSN)-contracted services. The Department should also have procedures, forms, and timelines in place to notify the parties listed of the right to request an administrative review for denials or delays of mental health services provided to foster children by Children's Administration contractors or other non-RSN providers. - The action step requires notice to multiple people (child, caregiver, parent, tribal representative, child's representative). The Department needs to address how notice of the right to review is provided to individuals beyond a Medicaid enrollee or the enrollee's legal guardian. - The action step requires notice when there is 	<p>Panel approves Compliance Plan.</p> <p><u>The Panel withdraws the final comment noted in the September 2006 Monitoring Report, related to implications of step-downs for this action step. Further information will be provided by letter from the Panel.</u></p> <p><u>In order for this action step to be considered complete, the Panel will be examining whether an expanded system of notice and review was actually implemented, not simply that recommendations were submitted to the Panel.</u></p>

	<p>a denial <u>or an undue delay</u>. The Department should clarify how it will provide notice and reviews for delays in service.</p> <p>- A step-down in the level of foster care is essentially a denial of a higher level of service. The Department should provide information on how caregivers, parents and others listed are notified of their right to request a review of a step down and what procedures are in place for such reviews.</p>	
<p>Goal 3, Outcome 3, Benchmark 1, Action Step 1 Action Step found on Page 31 Implementation Plan</p> <p>The Department will develop a process to assess services and outcomes for children from diverse racial and ethnic backgrounds.</p> <ul style="list-style-type: none"> • The Department and Plaintiffs recommend to panel the services and outcomes to track (by region) (6/30/06) • Panel reviews tracking plan (9/30/06) • CA begins tracking (12/30/06) • First tracking report completed (12/30/07) • Panel reviews first report and sets baselines and benchmarks for each ethnic minority group (3/30/08) • Dissemination of report statewide (6/30/08) 	<p>Incomplete</p> <p>First substep was due 6/30/06; documentation not submitted</p>	<p><u>Panel approves Compliance Plan.</u></p> <p><u>Panel intends for this Action Step to result in proposals for how benchmark B 3.3.1 should be measured. Panel recommends that the Department consider approaching this benchmark and action step by developing a plan to track race and ethnicity as it measures each of the other benchmarks in the mental health section of the Implementation Plan.</u></p>

Area/Action Step	Panel Decision in Monitoring Report # 2	Panel decision on 12/06 Compliance Plan
<p>Unsafe/Inappropriate Placements</p> <p>Increase compliance with policy requiring workers to visit children in placement within the first week of out-of-home care</p> <p>KCF II 14.1.6</p> <p><i>Action Step 4(c)(2) in Settlement</i></p> <p>Review and revise policy requiring social workers to visit all children in their placement within the first week in out-of-home care</p> <ol style="list-style-type: none"> Establish workgroup to review and revise policy (6/05) Orient staff to new policy requirement (8/05) Begin implementation of new policy (10/05) Establish regional baselines and set performance measure (6/06) Initiate quarterly reporting to the field (6/06) 	<p>Incomplete</p> <p>Department has indicated that it intends to submit additional information. Materials not provided to Panel in time for this report.</p>	<p>Panel does not approve <u>compliance plan</u>.</p> <p><u>This action step is linked to action steps 4(c)(1) (contact every 30 days) and 1(c)(9) (caseloads to COA standards), and the Panel has not approved of the phase-in schedule submitted with these compliance plans. The Panel continues to expect these provisions to be implemented in conjunction with the COA office visitation schedule.</u></p> <p><u>In addition:</u></p> <ul style="list-style-type: none"> - The Panel does not accept the proposal in the compliance plan to reduce the frequency of reporting on this activity to semi-annual. The Panel will expect quarterly reports on these visits as required by the action step. - In section IIC of the draft social worker visit policy, subsection 2 should indicate that <u>monthly visits must occur in the home in which the child resides. If there is a need to visit the child outside the foster home, it should be in addition to (not in lieu of) the visit to the child at home.</u>

Area/Action Step	Panel Decision in Monitoring Report # 2	Panel decision on 12/06 Compliance Plan
<p>A face-to-face safety assessment with a child suspected to be a victim of child abuse or neglect while in the Department's custody shall occur within 24 hours of the report for emergent cases, and within 72 hours of the report for non-emergent cases.</p> <p>KCF II 1.1.5-1.1.8 (originally 1.1.4, 1.1.5) Action Step 4(c)(3) in Settlement</p> <p>1.1.5 Require social workers to make face-to-face contact with child victims suspected to be a victim of child abuse or neglect, while in the custody of CA, within 24 hours for referrals of child abuse and/or neglect rated as emergent.</p> <ol style="list-style-type: none"> Establish policy workgroup to develop recommendations regarding policy changes for 24 hour face-to-face contacts on emergent referrals (10/04) CA Management reviews and approves recommendations (1/05) Communicate policy changes with staff (2/05) Policy becomes effective and is implemented statewide (3/05) Establish baseline for compliance with policy change and set performance measure (6/05) Initiate quarterly progress reports to the field (9/05) <p>1.1.6 – Require DCFS social workers to make face-to-face contact with child victims within 24 hours for all referrals of child abuse and/or neglect rated as emergent.</p> <ol style="list-style-type: none"> Establish policy workgroup to develop recommendations regarding policy changes for 24 hour face-to-face contacts on emergent referrals (10/04) CA Management reviews and approves recommendations (1/05) Communicate policy changes with staff (2/05) Policy becomes effective and is implemented statewide (3/05) Establish baseline for compliance with policy change and set performance measure (6/05) Initiate quarterly progress reports to the field (9/05) <p>1.1.7 Require social workers to make face-to-face contact with child victims suspected to be a victim of child abuse or neglect, while in the custody of CA, within 72 hours for all referrals of child abuse and/or neglect rated as non-emergent.</p> <ol style="list-style-type: none"> Define expectation and practice guidelines for social workers to make first attempt for face-to-face contact with child victims on cases rated as non-emergent within five days from the date of referral (12/04) Review and report on progress towards compliance with expectation/practice guidelines (3/05) Establish policy workgroup to develop policy for increasing face-to-face contacts to 72 hours for all non-emergent referrals (6/05) CA Management reviews and approves recommendations (10/05) <p>The following benchmarks are subject to 2005 budget request:</p> <ol style="list-style-type: none"> Implement policy for increasing face-to-face contact to 72 hours for all non-emergent referrals (12/05) Establish baseline for compliance with policy change and set performance measure (3/06) Initiate quarterly reporting to the field offices, including a review of progress towards achieving the goal (6/06) 	<p>Incomplete</p> <p>Complete through 12/31/05, (as per first Monitoring Report, March 28, 2006)</p> <p>Pursuant to the last two substeps, CA provided data on response time for investigations. DLR investigation data have been provided for children in licensed foster homes. However, remaining data do not distinguish between children who are in their own homes and not in the custody of the Department and children who are in placement with unlicensed relative caregivers. CA needs to report separately on children in the class (i.e. those placed with unlicensed relative caregivers) in order for this step to be considered complete.</p>	<p><u>Complete.</u></p> <p><u>Panel requests copies of reports to the field on these data.</u></p>

Area/Action Step	Panel Decision in Monitoring Report # 2	Panel decision on 12/06 Compliance Plan
Services to Adolescents		
<p>Develop an integrated, re-designed service model for adolescents</p> <p>KCF II 19.1.1 <i>Action Step 6(c)(1) in Settlement</i></p> <p>In collaboration with other DSHS Administrations and community partners, develop an integrated, re-designed service model for adolescents. This action step and the following benchmarks are subject to 2005 budget request</p> <ol style="list-style-type: none"> Workgroup develops recommendations for a redesigned service model for adolescents including budget (9/04-6/05) CA Management review (6/05-8/05) Recommendations and budget proposal reviewed by DSHS Cabinet (8/05) Budget appropriated (9/06) Begin implementation of re-designed service model (11/06) Complete implementation of re-designed service model (8/07) 	<p>Incomplete</p> <p>Plan for a redesigned service model submitted in 2005 needs to be revised and resubmitted. Panel will provide additional guidance in response to Department's questions in separate discussion or letter.</p>	<p><u>Panel approves compliance plan.</u></p> <p><u>In order for this action step to be considered complete, Panel will require documentation of involvement of CA's Youth Advisory Board.</u></p> <p><u>Panel requests implementation updates every 6 months.</u></p>
<p>Establish educational outreach positions to assist children in out-of-home care in meeting K–12 educational objectives and preparing for higher education goals.</p> <p>KCF II 15.3.4 (originally 15.1.3) <i>Action Step 6(c)(7) in Settlement</i></p> <p>Work with Washington Education Foundation to obtain funding and implement the Foster Care to College Partnership plan, which includes establishing six regional educational outreach positions, who will serve as liaisons to assist children (16-18 year olds) in out-of-home care in meeting higher education goals.</p> <ol style="list-style-type: none"> In collaboration with Washington Education Foundation, complete Foster Care to College Partnership proposal (10/04) Seek 3-year grant funding (10/04-2/05) Based on funding, begin implementation of the Foster Care to College Partnership plan (4/05) Report on implementation (9/05) Annual evaluation report (completed each year of the 3-year grant funding) (6/06, 6/07, 6/08) 	<p>Incomplete</p> <p>Complete through substep (d) (as per first Monitoring Report, March 28, 2006)</p> <p>The Panel acknowledges the comprehensive planning process underway; however, the Department has not completed item (e) in the action step that requires an annual evaluation report. The Department's submission includes an Implementation Plan, but it is not clear from these materials what elements of the plan have been accomplished. To complete (e), CA must provide a report and evaluation on progress to date.</p>	<p><u>Panel approves compliance plan.</u></p> <p><u>In January 2007 status update to Panel, Department should confirm that WSIPP intends to conduct the evaluation (or, if not, outline an alternative).</u></p>

Area/Action Step	Panel Decision in Monitoring Report # 2	Panel decision on 12/06 Compliance Plan
<p>Offer caregivers training on educational advocacy skills</p> <p>KCF II 15.4.1 (originally 15.1.5)</p> <p>Action Step 6(c)(9) in Settlement</p> <p>Develop and distribute educational brochures and/or information packets in collaboration with the education sector (<i>packets to include basic statewide information including: mandatory reporting information, and program descriptions for CA and schools</i>)</p> <ol style="list-style-type: none"> In collaboration with OSPI, develop packet contents (10/04) Consolidate work products developed from HB 1058 workgroups for inclusion in packets (3/05) Customize information to target respective areas (6/05) Revise/draft CA policy to include distribution of material and to clarify roles of youth and caregivers (6/05) Develop plan for distribution of packets to youth, parents, relative caregivers, foster parents, school staff, social workers, and court (9/05) Begin implementation of distribution plan (12/05) 	<p>Incomplete</p> <p>All substeps are complete except for (d). Although the "Practice Guide for Educational Advocacy" includes useful guidance for caseworkers, the Panel does not agree that these materials make policy revisions unnecessary. In order for the step to be considered complete, these expectations need to be incorporated into policy as required in substep (d).</p>	<p><u>Panel approves compliance plan.</u></p>
<p>Develop and implement tutoring and mentoring services, in conjunction with existing community resources, to improve educational outcomes for adolescents in out-of-home care.</p> <p>KCF II 15.2.3 (originally 15.1.2)</p> <p>Action Step 6(c)(10) in Settlement</p> <ol style="list-style-type: none"> Develop roles and responsibilities for educational coordinators (10/05) Hire regional educational coordinators to provide educational advocacy (12/05) Train regional educational coordinators (12/05) Regional coordinators work with community partners to develop regional plans, including existing community resources and tutoring/mentoring programs (9/05) Communicate program to staff, youth, caregivers and community partners (2/06) Implement regional plans (2/06) Initiate quarterly reporting to the field (5/06) 	<p>Incomplete</p> <p>Substeps (a)- (c) are complete.</p> <p>With respect to remaining substeps, CA should develop a Compliance Plan providing additional information regarding intention to work with community partners by February 2007 to develop plans to address the gaps in tutoring and mentoring resources (as noted in status update materials).</p>	<p><u>Panel does not approve compliance plan.</u></p> <p><u>Compliance plan should note that regional workgroups will include community partners as required by subsection (d) of the action step, as well as information on when (e) (communication) and (f)(implementation) will occur.</u></p>
<p>Goal 2, Outcome 3, Action Step 1</p> <p>Action Step found on Page 67 Implementation Plan</p> <p>The CA will replicate the 2001 WSIPP study <i>Educational Attainment of Foster Youth: Achievement of Graduation Outcomes for Children in State Care</i> for school-age children in foster care three months or longer in FY2005, with inclusion of WASL performance for 4th, 7th and 10th grades and all other variables in the study. The study may be done by CA following the methods used in the 2001 study, or contracted to WSIPP or another research organization. The study will be replicated every two years over the Settlement.</p>	<p>Incomplete</p> <p>First sub-step was due 6/1/06. No information submitted.</p>	<p><u>Panel approves compliance plan.</u></p> <p><u>In January 2007 status update to Panel, Department should confirm that WSIPP intends to conduct the evaluation (or, if not, outline an alternative).</u></p>

Area/Action Step	Panel Decision in Monitoring Report # 2	Panel decision on 12/06 Compliance Plan
<ul style="list-style-type: none"> • Plan to Panel regarding intent to perform work within DSHS or contract (6/1/06) • First study completed (11/1/08) • Follow-up studies (11/1/08, 12/1/10) 		
<p>Goal 3, Outcome 3, Action Step 5</p> <p>Action Step found on Page 74 Implementation Plan</p> <p>The Department will review policies and approaches recommended by national organizations such as the Child Welfare League and the National Center on Missing and Exploited Children regarding cross-system collaboration with law enforcement representatives concerning children missing from care.</p> <p><i>June 1, 2006</i></p>	<p>Incomplete</p> <p>Due on June 1, 2006. No information provided.</p>	<p><u>Complete</u></p>

COMMUNICATIONS FROM PARTIES

I. Children's Administration Proposed Compliance Plan in Response to Monitoring Report #2

II. Plaintiffs' November 8, 2006 Response to Children's Administration Proposed Compliance Plan

Communications from Parties

I. Children's Administration Compliance Plan #2 in Response to Monitoring Report #2

Braam Compliance Plan

**Monitoring Report #2 Reference
Unsafe Placements, Action Step 4(c) (2), page 28**

Action Step:

Increase compliance with policy requiring workers to visit children in placement within the first week of out-of-home care.

Background and Findings of Braam Settlement Monitoring Report #2- September 20, 2006

Department has indicated that it intends to submit additional information. Materials not provided to Panel in time for this report.

Plan to Reach Compliance

The revised monthly visit policy includes the explicit requirement that the social visit the child within the first week of the child's out of home placement. A copy of the policy is attached.² This policy is currently scheduled for CA management team review and approval by the end of November 2006.

Pursuant to policy established at the direction of the Governor, Children's Administration (CA) social workers are currently required to visit children in in-home care every 30 days. The compliance plan requires policy roll-out, training and implementation to require monthly contact with children in the class beginning October 1, 2006.

This Action Step incorporated a KCF II Action Step which was contingent on the Department's 2005 budget request. As funds were not provided at that time for this item, it was identified as something that could not be implemented or achieved due to lack of funding pursuant to Section V.B.2 of the Settlement Agreement. However, funding has subsequently been provided that will assist CA in implementing this Action Step. Funding for additional social workers has been provided in the 2006 supplemental budget and it is anticipated that additional funding will be provided in the Fiscal Year 07-09 budget currently under development. The compliance plan conforms to the phase-in hiring schedule of these additional social workers.

² Please note that this policy includes provisions for some children who are not part of the Braam class and consequentially are not subject to monitoring by the Panel.

Braam Compliance Plan

Monitoring Report #2 Reference

Mental Health, Goal 3, Outcome 3, Benchmark 1, Action Step 1, page 20

Action Step Heading and Sub-steps:

The Department will develop a process to assess services and outcomes for children from diverse racial and ethnic backgrounds.

- The Department and Plaintiffs recommend to panel the services and outcomes to track (by region) (6/30/06)
- Panel reviews tracking plan (9/30/06)
- CA begins tracking (12/30/06)
- First tracking report completed (12/30/07)
- Panel reviews first report and sets baselines and benchmarks for each ethnic minority group (3/30/08)
- Dissemination of report statewide (6/30/08)

Background and Findings of Braam Settlement Monitoring Report #2-September 20, 2006

Panel's comments: first sub-step was due 6/30/06; documentation not submitted.

Plan to Reach Compliance

Children's Administration collects data and assesses services and outcomes for children from diverse racial and ethnic backgrounds by region and state. Likewise, the Mental Health Division collects data and assesses services and outcomes for children from diverse racial and ethnic backgrounds by RSN and state. Children's Administration will seek consultation from the Children's Administration Advisory Board, the plaintiffs and other stakeholders to develop recommendations for the Panel about which services and outcomes to track by region by February 28, 2007. Since both administrations currently track service and outcome data, Children's Administration anticipates being able to report on the existing data sources by June 30, 2007.

Braam Compliance Plan

Monitoring Report #2 Reference:
Mental Health, Action Step 2(c) (1), page 17

Action Step and Sub-steps:

Improve availability and utilization of regional medical consultants

- Identify clear roles and responsibilities of regional medical consultants (12/04)
- Provide regional medical consultant for each region (.5 FTE/region) (5/05)
- Communicate to staff about roles and responsibilities of medical consultants and how to access their services (6/05)
- Review utilization history to determine how to increase effectiveness of consultants with lower utilization rates (6/30/06)

Background and Findings of Braam Settlement Monitoring Report #2- September 20, 2006

This Action Step requires the Department to complete the tasks set out above. The first three sub-steps are completed. With respect to the last sub-step, the department collected utilization data and submitted it to the Braam Panel. However, the Panel deemed the last sub-step incomplete because the data had not been analyzed to determine how to increase effectiveness of the consultants with lower utilization rates.

Plan to Reach Compliance

The department will convene meetings of the regional medical consultants, along with applicable program and regional staff, to review current utilization data, to identify barriers to increased utilization, and to identify measurable strategies to increase the use of regional medical consultants. The department will prepare a report that describes the identified regional and statewide barriers and the identified regional and statewide strategies being employed to overcome the barriers. The Report will be submitted to the Panel on February 15, 2007.¹

¹ The February date was selected because of the time restraints imposed by the upcoming holiday's season and the lead time required to coordinate the schedules of the medical consultants.

Braam Compliance Plan

Monitoring Report #2 Reference:

Mental Health, Goal 3, Outcome 2, Benchmark 4, Action Step 2, page 19

Action Step Heading and Sub-steps:

The Department will ensure that:

- Each child who experiences a crisis related to mental health or substance use disorders will have access to crisis intervention services through the 24 hour mental health crisis line.
- All foster parents and caregivers are informed about how to access the 24 hour mental health crisis hotline.
- Any non-mental health/non-substance use calls will be referred to the foster parent after hours support line.

Background and Findings of Braam Settlement Monitoring Report #2-September 20, 2006

The Panel acknowledges that there are multiple mental health crisis lines serving counties across the state and will change the first two sub-steps of the action step to “a 24-hour mental health crisis hotline”, rather than “*the* 24-hour...”

Regarding the second sub-step, posting a web link to the 24-hour MH crisis line numbers does not ensure that all foster parents and caregivers are informed. The Department needs also to employ other notification strategies, including, at least, a mailing to all foster parents and caregivers, providing the information in pre-service and in-service training, distributing flyers at caregiver conferences, and including the information in materials provided to all new foster parents and caregivers.

Regarding the third sub-step, training only the caregivers about when to use the foster parent after hours support line and when to use the mental health crisis lines is not sufficient. Each MH crisis line must be notified about the availability and purpose of the foster parent after hours support line. The foster parent line phone number should be posted at each MH crisis line location.

Status Update:

July Update (previously submitted):

The Mental Health Division has contracts in place that provide a 24 hour mental health crisis line in every RSN across the State. The MHD list of the Washington State Mental Health Crisis Lines across the state is posted to the MHD website at: <http://www1.dshs.wa.gov/mentalhealth/>. Attachment 1.

Braam Compliance Plan

Children's Administration posted the 24 hour mental health crisis line web link on the Foster Parent Website at: <http://www1.dshs.wa.gov/ca/fosterparents/> where the mental health crisis numbers are listed across the state. This web site has information for foster, relative and pre-adopt caregivers. **Attachment 2.**

October Update:

The annual Foster Parent Conference was held from September 17 - 19, 2006 and at the conference additional notice was provided as follows:

- The Mental Health Crisis Line flyer was placed in every packet for conference attendees. **Attachment 3.**
- The Mental Health Crisis Line flyer and a discussion of the MH crisis lines and foster parent support line were included in the panel presentation that discussed health and mental health resources.

The October 2006, Foster Parent Newsletter includes the Mental Health Division website for the nearest crisis line telephone number in the "Important Numbers" section.

Plan to Reach Compliance

The Children's Administration plan to complete this action step is:

1. CA will request that FPAWS post the Mental Health Crisis Line flyer on their website.
2. Foster Parent recruitment and retention contractors and Foster Parent trainers will provide foster parents with the Mental Health Crisis Line flyer and information about the Foster Parent Support Line during face to face trainings and other presentations.
3. CA will include the Mental Health Crisis Line flyer with Foster Parent Support Line information in the Foster Parent Newsletter.
4. CA will provide the Mental Health Crisis Line flyer to regional staff to add to information packages given to relatives at the time of placement.
5. MHD will provide information on the Foster Parent Support Line to all MH Crisis Lines for posting. The information provided will explain the purpose of the foster parent support line.

A report will be completed by December 31, 2006 and will be incorporated into the December 2006 Status Update.

Resources for Foster Parents, Caregivers and Foster Children Mental Health Crisis Lines

If your foster child/youth is experiencing a mental health crisis, Crisis Lines are available Statewide through the Regional Support Networks (RSNs) for assistance during the crisis. Most of the lines are available 24 hours a day and have trained staff knowledgeable in the mental health system, mental health crisis, the acute hospital system and the County Designated Mental Health Professionals (CDMHP's).

There are community mental health centers in most areas of the State which have on-going mental health treatment capacity for children and youth. The Crisis Line can also assist in identifying mental health resources in your community.

The DSHS Mental Health Division website for Crisis Lines can be found at:
<http://www.1.dshs.wa.gov/mentalhealth/crisis.shtml>. Below are the Crisis Line telephone numbers listed by County.

If your foster child is experiencing a non-mental health crisis, support for foster parents can be found on the Foster Parent and Caregiver Support Line at 1-800-301-1868. This Support Line is available 4:30 pm – 8:00 am, Monday – Friday and 24 hours a day on weekends and state holidays.

“The mission of the Mental Health Division is to promote recovery and safety.”

If there is a life-threatening emergency, please call 911.

Suicide Prevention 1-800-273-8255 TTY Users 1-800-799-4TTY (4889)

For all other mental health crises, please call the number listed below for your county.

<u>Adams County</u> North Central WA RSN (collect): 509-488-5611	<u>Lewis County</u> Timberlands RSN 1-800-559-6696
<u>Asotin County</u> Greater Columbia Behavioral Health RSN (888) 475-5665	<u>Lincoln County</u> Northeast WA RSN 1-800-767-6081
<u>Benton County</u> Greater Columbia Behavioral Health RSN 1-800-783-0544	<u>Mason County</u> Thurston-Mason RSN 1-800-627-2211
<u>Chelan County</u> Chelan-Douglas RSN 1-800-852-2923	<u>Okanogan County</u> North Central WA RSN 1-866-826-6191
<u>Clallam County</u> Peninsula RSN East County: (360) 452-4500 West County: (360) 374-5011	<u>Pacific County</u> Timberland RSN 1-800-884-2298

<u>Clark County</u> Clark County RSN 1-800-626-8137	<u>Pend Oreille County</u> Northeast WA RSN 1-800-767-6081
<u>Columbia County</u> Greater Columbia Behavioral Health RSN 1-866-382-1164	<u>Pierce County</u> Pierce County RSN 1-800-576-7764
<u>Cowlitz County</u> Southwest RSN 1-800-803-8833	<u>San Juan County</u> North Sound RSN 1-800-584-3578
<u>Douglas County</u> Chelan-Douglas RSN 1-800-852-2923	<u>Skagit County</u> North Sound RSN 1-800-584-3578
<u>Ferry County</u> Northeast WA RSN 1-800-767-6081	<u>Skamania County</u> Greater Columbia Behavioral Health RSN (509) 427-9488 or dial 911
<u>Franklin County</u> Greater Columbia Behavioral Health RSN 1-800-783-0544	<u>Snohomish County</u> North Sound RSN 1-800-584-3578
<u>Garfield County</u> Greater Columbia Behavioral Health RSN 1-888-475-5665	<u>Spokane County</u> Spokane County RSN 1-877-678-4428
<u>Grant County</u> North Central WA RSN collect (509) 765-1717 1-877-467-4303	<u>Stevens County</u> Northeast WA RSN 1-800-767-6081
<u>Grays Harbor County</u> Grays Harbor RSN 1-800-685-6556	<u>Thurston County</u> Thurston-Mason RSN 1-800-627-2211
<u>Island County</u> North Sound RSN 1-800-584-3578	<u>Wahkiakum County</u> Timberlands RSN 1-800-635-5989
<u>Jefferson County</u> -Peninsula RSN East County: (360) 385-0321 (800) 659-0321 West County: (360) 374-5011 (Non-Business hours): (360) 374-6271	<u>Walla Walla County</u> Greater Columbia Behavioral Health RSN (509) 522-4278
<u>King County</u> King County RSN 1-866-427-4747	<u>Whatcom County</u> North Sound RSN 1-800-584-3578
<u>Kitsap County</u> Peninsula RSN (360) 479-3033/(800) 843-4793	<u>Whitman County</u> Greater Columbia Behavioral Health RSN 1-866-871-6385
<u>Kittitas County</u> Greater Columbia Behavioral Health RSN 1-800-572-8122 or (509) 925-9861	<u>Yakima County</u> Greater Columbia Behavioral Health RSN (509) 575-4200 or 1-800-572-8122
<u>Klickitat County</u> Greater Columbia Behavioral Health RSN (509) 733-5801 or 1-800-572-8122	

Braam Compliance Plan

Monitoring Report #2 Reference:

Mental Health, Goal 3, Outcome 2, Benchmark 4, Action Step 3, page 19

Action Step:

The Department will provide notice to the child, child's caregiver, child's parent (when appropriate), tribal representative (when applicable), and child's representative of their right to request an administrative review of any denial or undue delay of an assessment or a service 06/30/2006

Background and Findings of Braam Settlement Monitoring Report #2- September 20, 2006

The Department submitted information to the Panel regarding the procedures for notice and review for denials of Regional Support Network (RSN) contracted services. The Panel deemed this action step incomplete because the Department's procedures: (1) did not provide for notice to all individuals listed in the Action Step of a right to request an administrative review; (2) did not address mental health services provided to foster children by Children's Administration by non-RSN providers, and (3) did not address providing notice in circumstances where there is undue delay in the provision of an assessment or service.

Plan to Reach Compliance

CA proposes a two step plan to come into compliance regarding this Action Step.

1. Procedures for notice and review for denials and undue delay in the provision of an assessment or service through the Regional Support Network (RSN) contracted services.

CA will work with the Mental Health Division (MHD) to define standardized procedures and form for notification and review. This will include procedures for notifying all of the individuals listed in the Action Step. This work will be completed by March 1, 2007.

MHD will work with RSN's to develop a definition of "undue delay". They will also review the RSN contracts to determine if a contract amendment is required in relation to this matter. If a contract revision is required this will be included in new contracts effective July 2007.

2. Procedures for notice and review for denials and undue delay in the provision of mental health services provided by CA contractors or other non-RSN providers.

Braam Compliance Plan

Because CA is attempting to integrate compliance with the Braam mandates into compliance with related legislative, gubernatorial and federal mandates, it proposes to;

- determine what notice and review rights are currently available to foster children, the caregivers, the biological parents, tribal representatives and children's representative for the denial or undue delay of mental health services provided by a CA contractor or other non-RSN provider and to identify legal and cost barriers to expansion of existing notice and review rights;
- prepare a report that with recommendations for implementing an expanded system of notice and review. The report will be submitted to the Panel by April 30, 2007.¹

¹ The April date was selected because of the limited staff time available to undertake this work during the legislative session which runs from January 8-April 22, 2007.

Braam Compliance Plan

Population	Number of Children in Population	Begin Policy Roll-Out, Training, and Implementation	Complete Implementation
Children in in-home dependency with biological parent	1396	October 2005 (mandate)	Completed
Ages birth to 5 years in out-of-home, unlicensed relative placement	1,812	October, 2006	April 2007
Ages 6-18 yrs in out-of-home, unlicensed relative placement	1,597	April 2007	October 2007
Ages birth to 5 yrs in foster care placement	2,362	October 2007	April 2008
Ages 6-18 yrs in foster care placement	2,856	April 2008	July 2008

The phase-in schedule and population identified was determined based on:

- vulnerability of the population (age of child)
- whether child was in unlicensed relative care or licensed foster care
- resource availability (capacity to accomplish requirement)

Additional factors which could affect implementation of this Action Step include unanticipated changes in referral and filing rates, increases in the number of children in foster care, and the effect of the pending CPS/CWS redesign and practice redesign, as well as the effect of legislatively driven initiatives such as the pending changes in the State's neglect statute. CA will reassess the implementation of this Action Step through semi-annual reports to the Oversight Panel and field.

Braam Compliance Plan

**Monitoring Report #2 Reference
Unsafe Placements, Action Step 4(c) (3), page 29**

Action Step:

A face-to-face safety assessment with a child suspected to be a victim of child abuse or neglect while in the Department's custody shall occur within 24 hours of the report for emergent cases, and within 72 hours of the report for non-emergent cases.

Background and Findings of Braam Settlement Monitoring Report #2- September 20, 2006

"Complete through 12/31/05, (as per first Monitoring Report, March 28, 2006) Pursuant to the last two sub steps, CA provided data on response time for investigations. DLR investigation data have been provided for children in licensed foster homes. However, remaining data do not distinguish between children who are in their own homes and not in the custody of the Department and children who are in placement with unlicensed relative caregivers. CA needs to report separately on children in the class (i.e. those placed with unlicensed relative caregivers) in order for this step to be considered complete. "

Plan to Reach Compliance

Data in the attached reports look at CPS referrals that involve a victim in placement at the time of referral. The data is divided into referrals with allegations involving licensed providers and unlicensed providers. The category of licensed provider is primarily licensed foster homes (including licensed relatives), but also includes referrals from Crisis Residential Centers, assessment centers, and group care. Unlicensed providers are primarily unlicensed relatives.

The overall average CPS response rate to Emergent Referrals (within 24 hours) involving all types of placements is 89.71% of the referrals. This includes initial CPS investigations of children in their own homes, who for the most part are not members of the class in the Braam Settlement Agreement. This is slightly higher than the overall average response rate for non-emergent referrals (within 72 hours) of 88.4%.

During the quarter May to July 2006, CPS responded 91.84% of time within 24 hours for referrals involving licensed providers. This rate indicates achievement of the goal of responding to emergent cases 90% of the time within 24 hours. This measure contrasts favorably with the baseline quarter from the prior year,

Braam Compliance Plan

May to July 2005, where CA responded 70.13% of the time to emergent referrals involving licensed providers within 24 hours.

CPS responded to emergent referrals involving unlicensed caregivers within 24 hours 94.19% of the time during the quarter May to July 2006. This response rate is slightly less than the baseline quarter, May to July 2005, when CPS responded 94.83% of the time to emergent referrals involving unlicensed providers within 24 hours. Both measures exceed the 90% goal of responding within 24 hours.

Overall the average non-emergent response to referrals (within 72 hours) is 88.4% of the referrals. During the quarter May to July 2006, CPS responded within 72 hours 95.45% of time to non-emergent referrals involving licensed providers. This exceeds achievement of the goal of responding to non-emergent referrals 90% of the time within 72 hours. This measure contrasts favorably with the same quarter a year before, August to October 2005, when CA responded 87.98% of the time to non-emergent referrals within 72 hours.

CPS responded to non-emergent referrals involving unlicensed caregivers 79.55% of the time during the quarter May to July 2006.³ This response time is lower than the baseline quarter, August to October 2005, when CPS responded 84.80% of the time to non-emergent referrals involving unlicensed providers within 72 hours. Both measures did not meet the 90% goal of responding within 72 hours.

³ 4 of 6 regions achieved 100% compliance for these referrals. Region 2 was at 75% with 2 of 8 alleged victims seen in 5 days. Region 4 was at 64% with 6 of 10 alleged victims seen within 7 days. Region 4 has been under a corrective action plan for their CPS response time performance and has improved significantly since July (they were at 100% for August 2006).

Response Time Compliance by Quarter
Victims in Licensed and Unlicensed Placement Types at the Time of CPS Referral
DLR and non-DLR Referrals

DLR CPS Yes	PLACE CAT LICENSED	QUARTER	Data Victim Count	RESPONSE			Grand Total
				(1) COMPLIANT	(2) NOT COMPLIANT	(3) NOT DOCUMENTED	
		May05-Jul05	Victim Count	54	22	1	77
		Aug05-Oct05	Percent	70.13%	28.57%	1.30%	100.00%
			Victim Count	76	13		89
		Nov05-Jan06	Percent	85.39%	14.61%	0.00%	100.00%
			Victim Count	65	16		81
		Feb06-Apr06	Percent	80.25%	19.75%	0.00%	100.00%
			Victim Count	73	11		84
		May06-Jul06	Percent	86.90%	13.10%	0.00%	100.00%
			Victim Count	45	4		49
		Aug06	Percent	91.84%	8.16%	0.00%	100.00%
			Victim Count	21	2		23
			Percent	91.30%	8.70%	0.00%	100.00%
				334	68	1	403
DLR Yes Count of LICENSED							
DLR Yes PERCENT OF LICENSED							
UNLICENSED RELATIVE							
No	UNLICENSED	May05-Jul05	Victim Count	110	2	0.25%	100.00%
			Percent	94.83%	1.72%	3.45%	100.00%
		Aug05-Oct05	Victim Count	89	1		91
			Percent	97.80%	1.10%	1.10%	100.00%
		Nov05-Jan06	Victim Count	84	3	1	88
			Percent	95.45%	3.41%	1.14%	100.00%
		Feb06-Apr06	Victim Count	92	4		96
			Percent	95.83%	4.17%	0.00%	100.00%
		May06-Jul06	Victim Count	81	3		86
			Percent	94.19%	3.49%	2.33%	100.00%
		Aug06	Victim Count	38	4	1	43
			Percent	88.37%	9.30%	2.33%	100.00%
DLR No Count of UNLICENSED							
DLR No PERCENT OF UNLICENSED							
TOTAL COUNTS							
				95.00%	3.27%	1.73%	100.00%
				828	85	10	923
GRAND PERCENT							
				89.71%	9.21%	1.08%	100.00%

Response Time Compliance by Quarter
Victims in Licensed and Unlicensed Placement Types at the Time of CPS Referral
DLR and non-DLR Referrals

				RESPONSE			
DLR CPS	PLACE CAT	QUARTER	Data	(1) COMPLAINT	(2) NOT COMPL	(3) NOT DOCUM	Grand Total
Yes	LICENSED	Aug05-Q1	Victim Count	161	22		183
			Percent	87.98%	12.02%	0.00%	100.00%
		Nov05-J4	Victim Count	148	24	1	173
			Percent	85.55%	13.87%	0.58%	100.00%
		Feb06-A1	Victim Count	181	14	3	198
			Percent	91.41%	7.07%	1.52%	100.00%
		May06-J1	Victim Count	189	9		198
			Percent	95.45%	4.55%	0.00%	100.00%
		Aug06	Victim Count	49			49
			Percent	100.00%	0.00%	0.00%	100.00%
DLR Yes Count of LICENSED			728	69	4	801	
DLR Yes PERCENT OF LICENSED			90.89%	8.61%	0.50%	100.00%	
No	UNLICENSED REF	Aug05-Q1	Count of REF_ID	106	12	7	125
			Count of REF_ID	84.80%	9.60%	5.60%	100.00%
		Nov05-J4	Count of REF_ID	78	18	2	98
			Count of REF_ID	79.59%	18.37%	2.04%	100.00%
		Feb06-A1	Count of REF_ID	109	16	1	126
			Count of REF_ID	86.51%	12.70%	0.79%	100.00%
		May06-J1	Count of REF_ID	70	12	6	88
			Count of REF_ID	79.55%	13.64%	6.82%	100.00%
		Aug06	Count of REF_ID	45	1	1	47
			Count of REF_ID	95.74%	2.13%	2.13%	100.00%
DLR No Count of UNLICENSED			408	59	17	484	
DLR No PERCENT OF UNLICENSED			84.30%	12.19%	3.51%	100.00%	
TOTAL COUNT			1136	128	21	1285	
TOTAL PERCENT			88.40%	9.96%	1.63%	100.00%	

Draft Policy

Social Worker Visits

Purpose

The purpose of social worker visits is to provide ongoing assessment of the health, safety, permanency and well-being of children and involve the child, parent/s and caregiver in decisions that affect their lives including the development of the case plan. Social worker visits with children, required in this policy, must be face-to-face. **(All visits will be health and safety visits as this policy is phased in. For populations not initially phased in, 90-day Health and Safety Visits are still required. See the implementation plan for phase in.)**

I. Monthly Social Worker Visits with Children in their Own Home

A. Types of Cases - Social workers must make monthly face to face visits with children in their own home when the case meets the following criteria:

1. The case has been established as an in-home dependency case, including dependent children who return home or remain home under the jurisdiction of the court until dismissal of the dependency.
2. Courtesy Supervision (see Courtesy Supervision in the Practices and Procedures Guide 4430) is requested for an in-home dependent case.
3. Interstate Compact on Placement of Children (ICPC) cases. When an interstate compact agreement is made with another state to provide services, the social worker will request in the application that the receiving state conduct monthly face to face social worker visits on all cases.

Note: The CA Social Worker must document any completion by the receiving state of the monthly visits in the Service Episode Records (SER's).

B. Timeframes for social worker face to face visits with dependent children in their own home.

1. 0-5 years of age

- a. Visits within the **first 120 calendar days** of an established in-home dependency - The CA social worker is required to make two in-home visits a month with children ages birth through five years of age for the first 120 days of in-home placement. *One* of the two visits may be conducted by a CA paraprofessional, contracted provider or non-contracted professional.
- b. Visits **after the first 120 calendar days** of an established in-home dependency - The CA social worker is required to make monthly

visits (not to exceed 40 days between each visit) with children ages birth through five years of age after the first 120 days of an in-home placement.

2. **6-18 years of age** - Monthly visits (not to exceed 40 days between each visit) with in-home dependent children ages six through 18 years of age.

C. Location of visit

1. Social worker visits with the child must be conducted in the home where the child resides.
2. The majority of the monthly visits are expected to occur in the child's residence. However, there is value in visiting and observing children in other locations, such as community, educational and therapeutic settings. Documentation of monthly visits will reflect the reason for the choice of location and benefit gained from the visit in that location.

D. Participants in visits

1. Child
2. Parent/Caregiver

E. Content requirements of visit with the child includes, but is not limited to,

1. Observation of the child, including:
 - a. How the child appears developmentally, physically and emotionally.
 - b. How the parent/caregiver and the child respond to each other.
2. Discussion with the verbal child(ren) in private, separate from the parent/caregiver, either in the home or in another location where the child is comfortable.
3. Observation of the home environment.
4. Social workers must provide each child capable of reading, writing and using the telephone a card with the social worker's name, office address, and phone number.

F. After the visit with the child the social worker:

1. May make collateral contacts to inquire of others involved in the child's life to update case plans and identify any further needs. For example, contacts might include teachers, doctors, mental health professionals, or the GAL (if dependency case).
2. Should discuss with his/her supervisor any concerns of a serious nature.

G. Coordination with the Tribes when there is not Tribal jurisdiction

1. The social worker must contact the affiliated Tribe to discuss and plan how to involve the Tribe in monthly visits.
2. Contact or attempted contact should be documented in the case record.

H. Exceptions to policy for visits with dependent children in their own home

1. Exclusive Tribal jurisdiction cases (the policy does not apply because the child is not in the Department's custody).

II. Social Worker Visits with Children in Out-of-Home Care

- A. The assigned CA social worker must make *face to face visits* with children in out-of-home placements:
 1. Within the first week of placement and,
 2. Ongoing monthly visits thereafter, not to exceed 40 days between each visit.
- B. Face to face visits are required on the following cases:
 1. Cases in which a dependency petition has been filed or established and the court has ordered that the child reside in out-of home placement (e.g. relative or licensed foster care).
 2. Cases in which the child has been placed by Voluntary Placement Agreement (VPA).
 3. Cases in which a Child in Need of Services (CHINS) petition exists and the child has been temporarily placed in out of home care.
 4. Courtesy Supervision Cases (for more information on Courtesy visits see the Practices and Procedures Guide 4430).
 5. Interstate Compact On Placement of Children cases (ICPC) for children in the jurisdiction of other states placed in Washington.
- C. Location of Visit
 1. Social worker visit in the first week of placement must be in the home where the child resides.
 2. The majority of the monthly visits are expected to occur in the child's residence. However, there is value in visiting and observing children in other locations, such as community, educational and therapeutic settings. Documentation of monthly visits will reflect the reason for the choice of location and benefit gained from the visit in that location.
- D. Content requirements of visits with the child includes, but is not limited to:

1. Observation of the child including:
 - a. How the child appears developmentally, physically and emotionally
 - b. How the caregiver and the child respond to each other.
2. Discussion with verbal child(ren) in private, separate from the caregiver, either in the home or in another location where the child is comfortable.
3. Observation of the home environment.
4. Social workers must provide each child capable of reading, writing and using the telephone a card with the social worker's name, office address, and phone number.

E. After the visit with the child the social worker:

1. May make collateral contacts to inquire of others involved in the child's life to update case plans and identify any further needs. For example, contacts might include teachers, doctors, mental health professionals, or the GAL (if dependency case).
2. Will report in writing any concerns about a licensed placement provider to the licensing authority for the home or facility.
3. Should consult with his/her supervisor about any concerns of a serious nature.

F. Coordination with Tribes

1. The social worker must contact the affiliated Tribe to discuss and plan how to involve the Tribe in the face to face visit.
2. Contact or attempted contact is to be documented in the case record.

G. Exceptions to social worker monthly face to face visits with children in out of home placement:

1. Children in *Long-Term Placement Agreements*. (DSHS 15-322) (A 90-day health and Safety Visit *is* required in these cases).
2. Children in Dependency Guardianships whose permanent plan has been achieved through the dependency guardianship.
3. Medicaid Personal Care/Developmental Disabilities cases open for payments only.
4. Exclusive Tribal jurisdiction cases (the policy does not apply because the child is not in the Department's custody).

III. Social Worker Visits with Caregivers

Social worker visits with the caregivers of the child would be expected to be coordinated with the social worker visit with the child.

- A. Timeframes – Monthly face-to-face visits with the caregiver not to exceed 40 days between each visit.
- B. Location - The location of the monthly visit with the caregiver may vary.
- C. Content requirements of the visit with the caregiver includes, but is not limited to:
 - 1. Discussion with the caregiver regarding child well-being and permanency goals
 - 2. Observation of the child and caregiver relationship and home environment when a visit occurs in the caregiver's home
 - 3. Assessment of the caregiver's ability to provide adequate care and identification of any support and/or training needs.

IV. Documentation of monthly social worker visits

When documenting monthly visits the social worker will:

- 1. Document in the service episode record (SER) all monthly social worker visits (or attempted contacts for the visits) the using the following codes:
 - a. 30 day visit with child (attempted)
 - b. 30 day visit with child (CA social worker)
- 2. Each service episode record entry for this activity must be prefaced with the phrase "**Monthly Social Worker visit**" to allow for consistency in documentation.
- 3. Document in the SER any monthly visits with the child outside the home or placement in which the child resides, including why such a visit was necessary.
- 4. Document when a monthly visit is completed for an in-home dependency case by a contracted professional provider or private agency case manager.

V. 90-day Social Worker Visits (Utilized only where the above policy has not yet been phased in.)

- A. The CA social worker or private agency social worker providing case management services must interview children in out-of-home care in face-to-face visits in the out-of-home care setting at least once every 90 days. DLR licensers must also interview children in out-of-home care in face-to-face visits using the guidelines when the licensers conduct health and safety reviews.
- B. Content of visits with the child includes, but it not limited to:

1. Face to face observation of the child including:
 - a. How the child appears developmentally, physically and emotionally
 - b. How the caregiver and the child respond to each other.
 2. Face to face discussion with the verbal child(ren) in private, separate from the caregiver, either in the home or in another location where the child is comfortable.
 3. Observation of the home environment.
- C. Social workers must provide each child capable of reading, writing, and using the telephone a card with the social worker's name, office address, and phone number.
- D. Besides face-to-face contact, the social worker may inquire of others involved in the child's life to update case plans and identify any further needs. For example, collateral contacts might include teachers, doctors, mental health professionals, or the GAL.
- E. If the social worker has concerns about a licensed placement provider, the worker shall report those concerns in writing to the licensing authority for the home or facility.
- F. The social worker also may, with concerns of a serious nature, consult with his/her supervisor about removing the child from the home or facility. Should a decision be reached to pursue removal from the home or facility, the social worker shall proceed with the move following procedures for out-of-home placements contained the CA Case Services Policy Manual, chapters 3000, 4000, and 5000, and chapters 2000, 3000, and 4000 of this manual.

VI. Documentation of 90 day Health and Safety visits

1. Document in the service episode record (SER) all 90 day Health and Safety visits (or attempted contacts for the visits) using the following codes:

- c. 90 day visit with child (attempted)
- d. 90 day visit with child (CA social worker)
- e. FX – Parent –bio/adopt or guardian contact (includes face to face)

2. . Document when a monthly visit is completed by a contracted professional provider, ICPC social worker in another state, or private agency case manager.

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Braam Compliance Plan
SERVICES TO ADOLESCENTS
ACTION STEP 6(C)(1) IN SETTLEMENT

Settlement Agreement Action Step: 6 (C)(1)
Integrating Services for Adolescents being served by DSHS

Background:

The Braam Panel's second monitoring report indicated that Action Step 6 (C)(1) was incomplete. The Panel, in its correspondence of October 4, 2006, requested further information regarding the status of this Action Step. Specifically, the Panel requested information on the following:

- An update on the action steps outlined in the September 2005 document which outlined the proposed adolescent service delivery framework
- Information on which community partners have participated in the process and how they have been involved
- Budget information regarding the proposed model
- Information regarding the timeline and steps for implementing the model

Status Update:

The Children's Administration (CA) made considerable progress in the development of the Adolescent Services Integrated Model. The status of each action step is outlined below.

Service Goals

Strategy: Adopt goals that are consistent with the December 2004 cross-administration workgroup goals.

- Adolescents and families are engaged and motivated
- Client safety is maintained
- Physical health is maintained
- Mental health symptoms are reduced and functioning is improved
- Family communication is improved with reduced, well-managed family conflict
- Living situations for adolescents are stabilized
- Adolescents succeed in education
- Adolescents use adaptive and functional living skills
- Adolescents are assisted in making a successful transition to adulthood

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Action Steps	Due	Projected Date
1. Link cross-system goals to current performance indicators and track progress over time	June 2006	
• Identify standardized, validated, and reliable tool(s) to measure performance indicators		05/07

Status Update

CA, in collaboration with the Washington State Institute for Public Policy, the Juvenile Rehabilitation Administration and the Health and Recovery Services' Mental Health Division, has developed a strength-based risk and protective factor family-based assessment tool. The purpose of this tool is to determine if a youth and family could benefit from participating in services and which services would be most appropriate. The assessment tool is currently being piloted in four Children's Administration regions: Region 2, Region 3, Region 4 and Region 6. The pilot will involve approximately 50 social workers in rural and urban offices using the assessment tool. The assessment tool is being piloted with families requesting Family Reconciliation Services and families requesting Voluntary Placement Services. Piloting began in October 2006 and will end in April 2007. At the end of the pilot, the three DSHS administrations will receive a report on the effectiveness of the assessment tool. This report will guide further development and implementation of the assessment tool. The results of the pilot will enable CA to determine whether or not to include this assessment tool in the SACWIS replacement requirements. A copy of the draft assessment tool that is being piloted is provided in Attachment A.

Structural Integration for Adolescent Services

Strategy: Integrate Children's Administration adolescent services to maximize outcomes by matching adolescent and family needs to appropriate services.

Action Steps	Due	Status
1. Conduct a contract review process to achieve effective and efficient contracted services which have demonstrated outcomes and match client needs		
• Internal review	September 2005	Completed 09/05
• Key stakeholders review	December 2005	Completed 10/05
• Revise contracts for implementation	July 2006	Completed 7/06
2. Adopt a standardized, validated, reliable, and strength based risk and protective factor screening tool that matches the needs of the adolescents and families with the right service at the right time. When adopting a new tool CA will consider the following factors:	July 2006	Currently being piloted.
• Internal and cross-system applicability		Scheduled for selection 04/07
• Linkages to other planning tools		
• Linkages to other adolescent systems		

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- | | | |
|--|----------------|--|
| 3. Create specialized adolescent service units where it is feasible | September 2007 | Scheduled to be phased in 10/07-06/08 |
| 4. Ensure that all staff working with adolescents are trained in the practice model and the use of appropriate tools | March 2008 | Scheduled to begin 10/07 and to be ongoing |

Status Update

1. **Conduct a contract review process to achieve effective and efficient contracted services which have demonstrated outcomes and match client needs.**

CA has conducted a contract review process in collaboration with providers. This review included a contract review of major services to adolescents. The review resulted in revised contracts for adolescent services that were implemented on July 1, 2006. The key contract deliverables and requirements are listed in Attachment D.

1. **Adopt a standardized, validated, reliable, and strength based risk and protective factor screening tool that matches the needs of the adolescents and families with the right service at the right time.**

CA, in collaboration with the Washington State Institute for Public Policy, the Juvenile Rehabilitation Administration and the Health and Recovery Services' Mental Health Division, has developed a strength-based risk and protective factor family-based assessment tool. The purpose of this tool is to determine if a youth and family could benefit from participating in services and which services would be most appropriate. The assessment tool is currently being piloted in four Children's Administration regions: Region 2, Region 3, Region 4, and Region 6. The pilot will involve approximately 50 social workers in rural and urban offices using the assessment tool. The assessment tool is being piloted with families requesting Family Reconciliation Services and families requesting Voluntary Placement Services. Piloting began in October 2006 and will end in April 2007. At the end of the pilot, the three DSHS administrations will receive a report on the effectiveness of the assessment tool. This report will guide further development and implementation of the assessment tool. The results of the pilot will enable CA to determine whether or not to include this assessment tool in the SACWIS replacement requirements.

A copy of the draft assessment tool that is being piloted is provided in Attachment A.

2. **Create specialized adolescent service units where it is feasible**

This action step is not due until September 2007. The concept of specialized adolescent service units is currently being considered by the practice model team. The team is reviewing whether or not separate adolescent service units are the most effective means of serving adolescents, especially when there are other children in the family and CA is moving forward to implement a

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practice approach which is family centered. Specialized service units may be feasible in larger offices but not applicable to small offices. The practice model team is also examining alternative approaches, such as having adolescent workers or specialists attached to service teams. A decision on the service structure for adolescent services will be made in April 2007 and implemented by October 2007-June 2008.

See Attachment C for the Practice Model Development and Implementation Timeline.

3. Ensure that all staff working with adolescents are trained in the practice model and the use of appropriate tools.

Training will be revised and developed to support the practice model and tools by September 2007. Training of CA staff is expected to begin in October 2007. Initial training will be provided on the practice model and the supporting tools. Additional training and coaching will also be provided for ongoing follow-up to ensure a successful implementation and training coverage for new staff.

See Attachment C for the Practice Model Development and Implementation Timeline.

Quality Services

Strategy: Identify and use services that have demonstrated successful outcomes for adolescents and families. Build capacity to use evidence based services targeted to meet specific needs.

Action Steps	Due	Status
1. Continue participation in developing and expanding use of evidence based practices through the Children's Mental Health Initiative:	On-going	Ongoing
• Multidimensional Treatment Foster Care (MDTFC)		
○ Provider training	October 2005	Completed 10/05
○ Implement program in three sites (placements begin)	November 2005	Completed 11/05
○ Evaluate for statewide implementation	November 2006	Scheduled for 12/06
• Functional Family Therapy (FFT)		
○ Implementation in four regions with existing department resources	November 2005	Completed 10/05
○ Statewide solicitation		Completed 09/06
○ Provider training	January 2006	Scheduled for 11/06
○ Begin statewide implementation	April 2006	Scheduled for 12/06
	May 2006	
• Multi-systemic Therapy (MST)	Fall 2007	

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- Begin implementation
- 2. Expand the use of evidence based and promising practices
 - Through the contract review process assess all contracts for potential EBP use December 2005 Completed 12/05
 - Revise contracts where appropriate to encourage and move towards EBP January-June 2006 Completed 07/07
- 3. Build capability to manage model fidelity
 - Include monitoring requirements in contracts where EBP's are used July 2006 Completed 11/05 for MTFC, FFT
 - Create management tools to manage model fidelity Completed 10/06 for PCIT, and Incredible Years
- 4. Work with communities of color to refine or identify effective services for ethnic and racial minorities
 - Meeting with EBP researchers and minority community providers to explore options of adaptation and development of promising practices December 2005 and ongoing Completed 12/05
Ongoing

Status Update

1. Continue participation in developing and expanding the use of evidence based practices through the Children's Mental Health Initiative

CA implemented **Multi-dimensional Treatment Foster (MTFC)** care in three sites in November 2005 with a capacity of 30 youth. CA is reviewing the results of the first year of implementation and the feasibility of expansion of the program to additional sites. This review and recommendation for expansion will be presented to CA management for consideration in December 2006.

CA implemented **Functional Family Therapy (FFT)** in 9 sites in 4 regions in November 2005 for a beginning service capacity of 50 families. CA completed a solicitation in September 2006 and we will have providers in 13 sites across all six regions by December 2006 with a capacity to serve 140 families annually. This capacity plus capacity arranged through an MOU with the Juvenile Rehabilitation Administration will result in an annual capacity to serve 225 families.

Multi-system Family Therapy (MST) is scheduled for implementation in the Fall of 2007.

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2. Expand the use of evidence based and promising practices.

CA assessed all contracts for potential evidence based practices through the contract review process. CA is moving forward to implement the following evidence based and promising practices:

The Incredible Years

This program will be implemented in three sites; Spokane, Yakima and Everett in January 2007.

Parent Child Interaction Therapy

This program will be implemented in 9 counties across the 6 CA Regions in November 2006. (Spokane, Yakima, Snohomish, Skagit, Whatcom, King, Pierce, Kitsap, and Clark)

Homebuilders Program

The Intensive Family Preservation Services (IFPS) contracts have been revised to include a requirement for all providers to move to adopt the Homebuilders model which has been identified as evidence based practice. The Homebuilders model is expected to be implemented in IFPS services by July 2007.

Motivational Interviewing

Training on motivational interviewing is included in the contracts for FRS, FPS, CRC and HOPE-services. This training is expected to begin in February 2007 and be provided on an ongoing basis to contract providers.

3. Build capability to manage model fidelity.

CA has created quality assurance and monitoring processes to manage model fidelity for all evidence based practice contracts related to MTFC, FFT, PCIT and The Incredible Years. These processes have been developed through separate quality assurance contracts. Additional quality assurance processes will be developed for additional evidence based practices as they are implemented.

4. Work with communities of color to refine or identify effective services for ethnic and racial minorities.

The department hosted a one-day conference in December 2005 to begin the discussion regarding cultural competency and evidence based practices. A nationally recognized expert in the field, Dr. Vijay Ganju was the facilitator. In addition, other presenters provided their perspectives regarding the successes and challenges about implementing evidence based practices in the community. See Attachment E.

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Strategy: Improve practice to enhance adolescent well-being

Action Step	Due	Status
1. Implement Family Team Decision Making meetings within 72 hours of placement	January 2005	8 sites operational as of 06/06 Educational Coordinators Completed 02/06
4. Implement educational coordinators in each region; implement Foster Care To College program; provide training to CA staff on educational advocacy	January 2006	Foster Care to College 1 st components implemented 08/06 Educational advocacy training scheduled for 04/07
5. Implement statewide Ansell-Casey life skills assessment model	February 2006	Completed 12/05
6. Review and revise service contracts to reflect Adolescent Service Goals	July 2006	Completed 07/06
7. Establish outcome and monitoring standards	July 2006	Completed 07/06
8. Train Contract Monitors and Program Managers in analyzing and utilizing outcome data to improve programs	July 2006	Scheduled for 07/07

Status Update

1. Implement Family Team Decision Making meetings within 72 hours of placement.

CA has implemented Family Team Decision Making meetings within 72 hours of placement in the following sites: Spokane, Yakima, Bremerton, Tacoma, Kent, Office of African Children's Services, Vancouver, and Richland.

2. Implement educational coordinators in each region, implement Foster Care to College program, and provide training to CA staff on educational advocacy.

CA implemented educational coordinators in each region in February 2006. This service is provided through a contract with Treehouse and the coordinators renamed "Educational

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Advocates". During the period February to June 2006, 527 children were referred for services. Of the children served, 37% were ages 12-15, and 24% were age 16 or older.

For a status report on the implementation of the Foster Care to College (FCTC) program, see Attachment F. This information was provided previously to the Panel.

The curriculum for educational advocacy for social workers is currently being developed and is expected to be completed by February 2007. Training will be provided regionally beginning in April 2007.

The training curriculum for educational advocacy for caregivers is currently being developed and is expected to be completed by April 2007. Training will be provided regionally beginning May 2007.

3. Implement statewide Ansell-Casey life skills assessment model.

CA implemented statewide Ansell-Casey life skills assessment model by requiring ILS providers to work with youth to complete the assessment. This requirement was incorporated into ILS contracts September 2004. Training for ILS contract providers and CA staff was conducted during the period September 2004-December 2005.

4. Review and revise service contracts to reflect Adolescent Services Goals.

CA has conducted a contract review process in collaboration with providers. This review included a contract review of major services to adolescents. The review resulted in revised contracts for adolescent services that were implemented on July 1, 2006. The key contract deliverables and requirements are listed in Attachment D.

5. Establish outcome and monitoring standards.

As a part of the contract review process, outcome and monitoring standards were developed for most adolescent services contracts (See Attachment D).

6. Train Contract Monitors and Program Managers in analyzing and utilizing outcome data to improve programs.

This item has been rescheduled for 2007. Baselines will be set using data reported for the contract period July 2006-June 2007. Once the annual report data has been developed, training of the Contract Monitors and Program Managers in analyzing and utilizing the data will be provided. This training is expected to take place in July 2007.

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Cross-System Collaboration

Strategy: Increase collaboration with agencies serving adolescents within the Department of Social and Health Services.

Action Steps	Due	Status
1. Use Shared Planning model to facilitate multi-disciplinary team staffings. These staffings should include: <ul style="list-style-type: none">• Information shared with adolescents and families on the departmental roles and process• Collaboration between CA, adolescents and families to define goals and participants• A co-authored plan that is implemented by the adolescent, family and involved agencies• Involvement of other DSHS partners where the case is shared in addition to relevant service providers and others identified by the adolescent and family	November 2005	Completed September 2006
2. Continue joint implementation of the Children's Mental Health Initiative	Ongoing	Ongoing
3. Review and revise current inter-agency agreements and create new ones as needed	July 2006	
4. Examine JRA/CA regional pilot for identifying shared clients and meeting their needs, and assess for statewide implementation	July 2006	
5. Increase use of DSHS Client Service Data Base and other tools to identify cross-system clients	July 2006	

Status Update

1. Use Shared Planning model to facilitate multi-disciplinary team staffings.

CA currently uses the Shared Planning model to facilitate multi-disciplinary team staffings. Shared planning was implemented September 2006. This includes using the Share Planning model to review the needs and develop plans to support adolescents exiting from care.

2. Continue joint implementation of the Children's Mental Health Initiative.

CA continues as an active partner in the Children's Mental Health Initiative in DSHS.

3. Review and revise current inter-agency agreements and create new ones as needed.

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An MOU was completed with the Juvenile Rehabilitation Administration (JRA) regarding access to their available FFT capacity.

Agreements have been completed between CA regions and their RSN counterparts regarding access to mental health services.

4. Examine JRA/CA regional pilot for identifying shared clients and meeting their needs, and assess for statewide implementation.

Initial examination has determined that a more appropriate joint development would be to develop a residential program for "high end" adolescents. The Mental Health Division, Health and Rehabilitation Services Administration, has taken the lead on this project and has submitted a biennium budget proposal to develop two 16 bed evaluation and treatment programs and one 12 bed facility for aggressive adolescents with mental health issues. These resources, if funded, would be available to adolescents served by all three administrations.

5. Increase use of DSHS Client Service Data Base and other tools to identify cross-system clients.

Data on cross-system clients obtained through the DSHS Client Service Data Base has been utilized to prepare a presentation to the legislative Mental Health Task Force on children's mental health services.

Practice Model

The practice model is the means whereby the various actions steps outlined above are integrated into a coordinated and holistic approach to adolescent service delivery.

The practice model for adolescents will exist within an overarching practice model designed to guide activities for all services provided by the CA.

Strategy: Adopt a single statewide practice model that:

- Creates and maintains a mutual partnership with families and adolescents
- Facilitates clear and reliable understanding of the needs and strengths of the family and adolescents
- Guides planning for services that include the adolescents and their community (family, foster parents, relatives, Tribes, and others) and are based on their needs
- Offers services that are effective and flexible to meet the individual needs of the adolescent and family
- Regularly reviews, evaluates, and revises the service plan in partnership with families and adolescents
- Provides services to families that are integrated and coordinated with other agencies (i.e. schools, Juvenile Justice, and Mental Health providers)

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- Requires planning and decision making to be informed by measurable progress towards goals

Action Steps	Due	Projected Date
1. Review potential practice models	September 2006	Completed
2. Develop and define CA practice model, including tools to support the practice model	December 2006	12/06 for model decision
3. Model will guide CAMIS replacement system	2008	04/07 for tools Case management module Fall 2008
4. Develop policy, practice standards and training related to: <ul style="list-style-type: none"> • Engaging adolescents • Adolescent development • Supporting adolescents in forming permanent relationships • Adolescent risk and services • Supporting permanency planning • Adolescent involvement in decision making • Planning for transition to independence 	April 2007	09/07 for policy 10/07 for training
5. Begin demonstration and refinement of model	May 2007	Not proceeding 09/07 for policy
6. Revise and refine policy, practice standards and training	August 2007	10/07 for training
7. Phase in implementation across the state	September 2007-March 2008	October 2007-June 2008
8. Complete implementation statewide	March 2008	June 2008

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Status Update

1. Review potential practice models

CA has assigned two full time co-directors to develop the CA practice model. The co-directors and CA have developed an internal work group to provide input into development of the practice model.

CA has reviewed practice models being utilized in child welfare in other states including Minnesota, Missouri, North Carolina, Virginia, California, Michigan, Wisconsin, Utah, and Kentucky. Through this review, CA has selected Solution Based Casework (SBC) as the most promising model for Washington State. SBC is being implemented statewide in Kentucky. SBC is grounded in solution focused intervention and the work of Insoo Kim Berg and others. SBC adds to solution focused intervention:

- Family life cycle development
- Relapse prevention
- Case planning specific to behavioral objectives at both a family and individual level

CA believes that the Solution Based Casework model, which focuses on engagement, creating partnerships to finding solutions, the family life cycle, as well as avoiding, interrupting and escaping high risk situations is well suited to working with adolescents and their families. As a result, the work of developing an adolescent practice model, and tools to support the model, have been incorporated into the work of the CA practice model team. This is consistent with the approach outlined in the September 2005 document which indicated: *"The practice model for adolescents will exist within an overarching practice model designed to guide activities for all services provided by the CA."* See Attachment B for more details on Solution Based Casework.

2. Develop and define CA practice model, including tools to support the practice model.

CA is now in the process of conducting focus groups to discuss and receive feedback on the proposed clinical model (SBC). Initial focus groups will involve CA staff. Additional focus groups will include stakeholders. The focus group's discussion will include consideration of SBC as a model for working with adolescents. It is expected that the focus group work will be completed by December 2006 and a decision on the clinical model made by 12/06.

CA is continuing to review the current practice tools used by CA staff as well as tools used by other states. Specifically CA is reviewing the potential use of the following:

- Structured decision making
- Strength based family assessments
- The assessment and service matching tool being piloted by the Washington State Institute for Public Policy

The selection of, and contracting with, the SACWIS replacement vendor is expected to be completed by March 2007. CA plans to complete the review and decision making regarding tools to

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support the practice model by April 2007. This timeline will ensure that the tools selected will be included in the SACWIS design requirements.

3. Model will guide CAMIS replacement system.

The selection of, and contracting with, the SACWIS replacement vendor is expected to be completed by March 2007. CA plans to complete the review and decision making regarding tools to support the practice model by April 2007. This timeline will ensure that the practice model and tools selected will be included in the SACWIS design requirements.

4. Develop policy, practice standards and training related to:

- Engaging adolescents
- Adolescent development
- Supporting Adolescents in forming permanent relationships
- Adolescent risk and services
- Supporting permanency planning
- Adolescents involvement in decision making
- Planning for transition to independence

Considerable initial work has been undertaken related to this action step. Policy related to engaging adolescents, supporting adolescents in forming permanent relationships, involvement in decision making, and planning for transition to independence has been developed and can be found in the following documents:

- Shared planning policy
- Permanency practice guide

These documents have been provided previously to the Panel.

This work will be incorporated into a more comprehensive review and development of policy that will be undertaken to support the practice model and tools. This work is scheduled to begin in April 2007 and the first phase (policy and procedures not dependent on SACWIS) completed by September 2007. The second phase (policy and procedures dependent on SACWIS) is expected to be completed by July 2008.

Training will be revised and developed to support the practice model and tools by September 2007. Training of CA staff is expected to begin in October 2007. Initial training will be provided on the practice model and the supporting tools. Additional training and coaching will also be provided for ongoing follow-up to ensure a successful implementation and training coverage for new staff.

See Attachment C for the Practice Model Development and Implementation Timeline.

5. Begin demonstration and refinement of model

CA has revised its implementation plan related to this action step and will not be piloting the model. If the Solution Based Casework model is chosen, CA will utilize the learning from the Kentucky

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implementation to guide implementation of the model in Washington State. In addition, by using a phased-in implementation approach learning from early adopter sites can be incorporated into the implementation process.

6. Revise and refine policy, practice standards and training

For the reasons outlined in #5 above, CA will not be piloting the practice model. This action step was dependent on a pilot approach to implementation.

7. Phase-in implementation across the state

CA will begin a rolling implementation of the new structure and clinical model by office beginning in October 2007. Training will be on-going as offices implement the new model. We expect implementation to be completed by June 2008.

8. Complete implementation statewide

CA expects implementation to be completed by June 2008.

Response to Additional Questions Raised by the Panel

- Information on which community partners have participated in the process and how they have been involved

The Health and Rehabilitation Services Administration, Children's Administration and the Juvenile Rehabilitation Administration have worked collaboratively with the Washington State Institute for Public Policy to develop a strength-based risk and protective factor family-based assessment tool which all administrations can use.

The Children's Administration Advisory Committee has provided input into the work completed to date regarding the CA practice model. The Advisory Committee is composed of representatives from a wide variety of community partners. See Attachment G.

Focus groups and meetings involving additional community partners will be held November-December 2006 to discuss the Solution Based Casework as a potential practice model for the Children's Administration.

- Budget information regarding the proposed model

The Children's Administration has submitted a biennium budget proposal to support implementation of the CA practice model. This fiscal proposal includes 10 FTE's and \$2.1m for program managers who will work in CA field offices to train staff on the practice model, mentor supervisors in applying the model in their units and in their supervision sessions with staff, and coach line staff to assist them in integrating and maintaining their skills in their interactions with clients and services providers.

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- Information regarding the timeline and steps for implementing the model

The key timelines for implementing the adolescent services model are as outlined in Attachment C - Practice Model Development and Implementation Timeline.

The key timelines are as follows:

- 12/06 Select clinical model
- 3/07 Identification of required clinical skills to support the practice model
- 3/07 Identification of assessment and case planning tools to support the practice model
- 3/07 Determine adolescent service structure (specialized units or specialist workers)
- 9/07 Complete training curriculum revisions/development
- 9/07 Complete review/revision of policy not dependent on SACWIS
- 10/07-6/08 Phase in of model

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Monitoring Report #2 Reference

Services to Adolescents, Action Step 6(c) (7), page 35

Action Step and Sub-steps:

Work with the Washington Education foundation to obtain funding and implement the Foster Care to College Partnership plan.

Sub-step (e)

Annual evaluation report (completed each year of the 3 year plan grant funding (6/06, 6/07, 6/08)

Background and Findings of Braam Settlement Monitoring Report #2- September 20, 2006

To complete (e), CA must provide a report and evaluation on progress to date.

Plan to Reach Compliance

A formal evaluation of the Foster Care to College Program is scheduled for early 2007. The evaluation has been delayed as funding for some program components has only recently been confirmed and these components are now in the process of being implemented. Discussions have been held with the Washington State Institute for Public Policy for a contract with the Institute to complete the program evaluation. As a result of the delay in the formal evaluation, Children's Administration is providing a status report on the Foster Care to College Program.

The Foster Care to College Partnership

The Foster Care to College Partnership (FCTC) is a partnership of public and private agencies designed to support adolescents in Washington state foster care to prepare for, pursue, persist in and succeed in post-secondary education and training programs. (See attachments)

The partnership is composed of six agencies:

- Casey Family Programs
- Treehouse
- Washington Education Foundation
- Washington State Higher Education Coordinating Board
- Washington State Office of Superintendent of Public education
- Children's Administration

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Input and expertise from community based experts and youth in foster care and alumni is sought and they participate in the partnership meetings.

The Program Components

FCTC has six major components. These are in the beginning stages of development/implementation as funding has now been acquired.

1. Communication

Outreach to youth in foster care between the ages of 13 and 21 to communicate the real possibility of college and provide resources to achieve their post-secondary aspirations.

2. Make It Happen-The College Experience

This is an all expenses paid summer program that provides a series of workshops and activities designed to help high school students between 10th and 12th grade or in a GED program prepare for post-secondary education.

3. College Mentoring Program

Positive professional adults are paired with youth who have similar vocational interests. These adults help young people complete the necessary college entry paperwork and provide motivation, encouragement and support.

4. College Preparation Seminars

Seminars are provided to youth beginning in 6th grade and their caregivers to get youth excited about pursuing education and training beyond high school.

5. Training for Professionals and Caregivers

Three training programs are planned for social workers and caregivers to educate them to how they can become educational advocates and support and motivate children and youth to learn:

- educational advocacy
- early learning
- post secondary education

An additional awareness program is planned for educators and social workers.

6. Evaluation

The FCTC program includes an evaluation component to attempt to measure the impact of the various program components in achieving an increased

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number of foster youth apply for and attending a post-secondary education program.

Funding

Approximately \$500,000 has been raised through various foundations by the Washington Education Foundation. \$500,000 is available to support the program for FY2007, \$500,000 for FY 2008, and \$500,000 for FY2009. The Children's Administration has committed two staff to support the implementation and operation of the program components. Children's Administration has also committed approximately \$70,000 for FY 2007, \$70,000 for FY 2008, \$70,000 for FY 2009 to evaluate the FCTC initiative. (See attachment)

Status Update

Communication

Funding of \$7,000 has been allocated for the development of a youth driven and youth friendly FCTC web site. This web site will provide a central resource information point for youth seeking information about post secondary education.

Youth were surveyed to obtain their ideas and suggestions for the web site, including content and format. In addition, 15 youth participated in using and evaluating a similar Utah web site.

Work is underway constructing the web site and providing content. The web site is expected to be operational in December 2006.

A brochure on how to go to college is in the final stages of development. This will be mailed to all youth and their caregivers in December 2006.

Make It Happen-The College Experience

This 4 day residential on campus program was provided in the summer of 2006. Similar programs will be offered each summer. 92 youth participated in the 2006 Make It Happen program.

College Mentoring Program

The mentoring program is already in operation in Region 4 through Treehouse. Mentoring will be implemented in three Regions in FY 2007 and in the remaining two Regions in FY 2008.

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The solicitation for providing mentoring services in three Regions has been completed.

Three bidders were accepted. Two contracts have been completed. The third contract is in process and is expected to be completed shortly. Training on the mentoring program will be provided to the contract provider staff by Treehouse in November 2006. It is expected that the program will be operational in the three Regions January 2007. The goal is to provide mentoring to 750 youth over three years (FY2007-2009)

College Preparation Seminars

Funding has been obtained to conduct two "You Can Go to College" seminars in each region during FY 2007. The goal is to provide seminars to 150 youth in 6th-8th grades (25 per region) and 150 youth in 9th-12th grades (25 per region). The RFP for this component is expected to be released in November 2006, contracts completed by February 2007. Seminars are expected to be delivered March-August 2007. The seminars will focus on career selection, preparing for college and taking the right classes.

Training for Professionals and Caregivers

Four training programs are being developed

1. Educational Advocacy for Social Workers

The curriculum is currently under development and is expected to be completed by February 2007. Training will be provided regionally beginning in April 2007. The training will focus on roles and responsibilities, advocacy, tasks and actions required by social workers, education on special issues.

2. Educational Advocacy for Caregivers

This training curriculum is expected to be developed by April 2007. Training will begin May 2007. The training will focus on how schools and Children's Administration work together, what caregivers can expect from schools and CA, roles and responsibilities, the caregivers role.

3. Early Learning for Social Workers and Caregivers

This training is expected to be available in April 2007. Training will be provided beginning in May 2007.

4. Post Secondary Education for Social Workers and Educators

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This training is expected to begin in May 2007 and will focus on promoting post secondary education as an aspiration that can be achieved, preparation for college, and resources.

In addition, CA in cooperation with OSPI and local schools will conduct regional Educational Achievement Summits. These summits will promote educational achievement, better outcomes for children and youth, in foster care. Participants will include; caregivers, educators, social workers, and community partners. Funding for the seminars was provided through FCTC in June 2006. Seminars are planned for each region between October 2006 and April 2007.

Evaluation

Discussions have been held with the Washington State Institute for Public Policy (WSIPP) regarding their interest in conducting the FCTC evaluation. WSIPP is already assigned by legislation to evaluate the new Foster Care to 21 program. Also, Children's Administration is seeking to contract with WSIPP to replicate its study "Educational Attainment of Foster Youth: Graduation outcomes for Children in State Care" required by the Braam Implementation Plan.

WSIPP staff has indicated a strong interest in undertaking this evaluation but require Board authorization. A letter is being prepared requesting the WSIPP Board to undertake the FCTC evaluation. It is expected that the Board will make a decision on this request by December 2006. Based on that decision, WSIPP will prepare and evaluation proposal for consideration and approval of the FCTC Partnership.

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Monitoring Report #2 Reference

Services to Adolescents, Action Step 6(c) (9), page 36

Action Step and Sub-steps:

Develop and distribute educational brochures and/or information packets in collaboration with the education sector (*packets to include basic statewide information including: mandatory reporting information and program descriptions for CA and schools*)

- a. In collaboration with OSPI, develop packet contents (10/04)
- b. Consolidate work products developed from HB 1058 workgroups for inclusion in packets (3/05)
- c. Customize information to target respective areas (6/05)
- d. Revise/draft CA policy to include distribution of material and to clarify roles of youth and caregivers (6/05)
- e. Develop plan for distribution of packets to youth, parents, relative caregivers, foster parents, school staff, social workers, and court (9/05)
- f. Begin implementation of distribution plan (12/05)

Background and Findings of Braam Settlement Monitoring Report #2- September 20, 2006

All sub steps are complete except for (d). Although the "Practice Guide for Educational Advocacy" includes useful guidance for caseworkers, the Panel does not agree that these materials make policy revisions unnecessary. In order for the step to be considered complete, these expectations need to be incorporated into policy as required in sub step (d).

Plan to Reach Compliance

Children's Administration will develop draft policy regarding youth and caregiver roles in education advocacy. In addition, the department will convene a workgroup to convert existing practice guidelines regarding youth and caregiver roles in education advocacy into policy. CA anticipates approval of the policy by CA management by January 2007. A copy of the final policy will be provided to the Panel by February 28, 2007.

Braam Compliance Plan

Monitoring Report #2 Reference

Services to Adolescents, Goal 2, Outcome 3, Action Step 1, page 40

Action Step and Sub-steps:

The CA will replicate the 2001 WSIPP study *Educational Attainment of Foster Youth: Achievement of Graduation Outcomes for Children in State Care* for school-age children in foster care three months or longer in FY2005, with inclusion of WASL performance for 4th, 7th and 10th grades and all other variables in the study. The study may be done by CA following the methods used in the 2001 study, or contracted to WSIPP or another research organization. The study will be replicated every two years over the Settlement.

- Plan to Panel regarding intent to perform work within DSHS or contract (6/1/06)
- First study completed (11/1/08)
- Follow-up studies (11/1/08, 12/1/10)

Background and Findings of Braam Settlement Monitoring Report #2- September 20, 2006:

First sub-step was due 6/1/06. No information submitted.

Plan to Reach Compliance

CA will work with WSIPP to replicate the 2001 study. CA met with representatives from WSIPP in mid-October 2006 to discuss replication of this study. WSIPP has expressed interest in replicating the study, but for workload reasons WSIPP has requested the first study be completed in 2007 rather than 2008. CA expects to receive final WSIPP Board response by January 2007. If WSIPP is not available to do the study, CA will develop strategies to conduct the study internally or through another contractor.

Braam Compliance Plan

MONITORING REPORT #2 Reference

SERVICES TO ADOLESCENTS, GOAL 3, OUTCOME 3, ACTION STEP 5, PAGE 41

Action Step:

The Department will review policies and approaches recommended by national organization such as the Child Welfare League and the National Center on Missing and Exploited Children regarding cross-system collaboration with law enforcement representatives concerning children missing from care.

Background and Findings of Braam Settlement Monitoring Report #2- September 20, 2006

Incomplete Due on June 1, 2006. No information provided.

Plan to Reach Compliance

Following a review of this item, Children's Administration (CA) identified that this work had been completed but had not been submitted for review to the Braam Panel.

National research was used and the Washington State Patrol Missing Children Clearinghouse was involved in the development of the Children Missing from Care policy.

Review of Information

The development of CA's Children Missing from Care policy involved the most current recommendations and resources issued by Child Welfare League ("How should agencies respond?" Oct/Nov 2005) and the National Center on Missing and Exploited Children ("Children Missing From Care: The Law-Enforcement Response", 2005).

CA policy is consistent with the most recent publication on this topic by the National Center on Missing and Exploited Children (Law Enforcement Policy and Procedures for Reports of Missing and Abducted Children, January 2006), which provides a model for Law Enforcement policy and procedures. The Missing from Care policy uses the same methodology in determining risk for children and youth missing from care. As a result our policies are uniform with those being recommended for Law Enforcement.

Involvement of Law Enforcement

Braam Compliance Plan

The Washington State Patrol Missing Children Clearinghouse is defined in Washington Statue as the lead for a task force to assist local law enforcement with “resources, knowledge, and technical expertise” in responding and addressing missing children. The Program Manager for the Clearing House was consulted during development of CA’s policy. The Missing Children Clearinghouse Program Manager has agreed to assist CA with the action step of establishing written agreements with law enforcement concerning foster youth who have run from their placement.

Braam Compliance Plan

Monitoring Report #2 Reference

Services to Adolescents, Action Step 6(c) (10), page 36

Action Step and Sub-steps:

Develop and implement tutoring and mentoring services, in conjunction with existing community resources, to improve educational outcomes for adolescents in out-of-home care.

- a. Develop roles and responsibilities for educational coordinators (10/05)
- b. Hire regional educational coordinators to provide educational advocacy (12/05)
- c. Train regional educational coordinators (12/05)
- d. Regional coordinators work with community partners to develop regional plans, including existing community resources and tutoring/mentoring programs (9/05)
- e. Communicate program to staff, youth, caregivers and community partners (2/06)
- f. Implement regional plans (2/06)
- g. Initiate quarterly reporting to the field (5/06)

Background and Findings of Braam Settlement Monitoring Report #2- September 20, 2006

Panel Comments: Sub steps (a) - (c) are complete. With respect to remaining sub steps, CA should develop a compliance plan providing additional information regarding intention to work with community partners by Feb 2007 to develop plans to address the gaps in tutoring and mentoring resources.

Plan to Reach Compliance

Children's Administration has developed the following compliance plan to meet this action step.

Regional workgroups coordinated by the regional educational coordinators will utilize the resource list to identify gaps in service.

The workgroups will develop regional plans to address regional gaps in tutoring and mentoring services. The plans will be developed by February 28, 2007.

The workgroups will communicate available education resources to staff, youth, caregivers and community partners

Children's Administration will provide semi-annual reports to the Panel and the field.



Foster Care to College

~The key to college success

Foster Care to College is an unprecedented and visionary partnership of private and public agencies designed to support adolescents in Washington state foster care to prepare for, pursue, persist in, and succeed in post-secondary education and training programs statewide, regionally, and nationally.

Who Are We?

We are public and private agencies who recognize that if we as a society are to improve the future of youth exiting the foster care system and provide these young people with viable opportunities for academic and personal success, we must work together.

The six agencies who have agreed to provide commitments of time, talents, and financial resources are:

- Casey Family Programs
- Treehouse
- Washington Education Foundation
- Washington State Department of Social and Health Services Children's Administration (CA)
- Washington State Higher Education Coordinating Board (HECB)
- Washington State Office of Superintendent of Public Instruction (OSPI)

In addition, we engage the input and expertise of community-based experts from a wide range of child welfare, educational and business backgrounds. Some of them include:

- Youth in Foster Care and Alumni
- Financial Aid Institutions
- College Faculty and Staff
- Private Foundation Grant Funders
- State and Private Agency staff

What Do We Do?

Through our multi-agency advisory board we provide advocacy and oversight on behalf of youth in an effort to improve educational outcomes for youth in and exiting from foster care.

We provide services through community-based providers in five areas:

Communications

We provide targeted outreach to youth in foster care between the ages of 13 and 21 to get the word out that college is a real possibility and to provide them with the resources necessary to achieve their post-secondary aspirations.

Make It Happen, The College Experience

We offer an all expense paid summer program that provides a series of workshops and activities designed to help high school students between 10th and 12th grade or in a GED program prepare for post-secondary education.

Mentoring

We pair positive, professional adults with youth who have similar vocational interests. These adults help young people complete necessary college or training program entry paperwork and provide motivation, encouragement and support throughout the college experience.

Seminars

We provide seminars to youth beginning in sixth grade and their caregivers to get youth excited about the prospect of pursuing education and training beyond high school and to introduce them to the skills and resources that will help them succeed.

Training

We provide training to caregivers, social workers, and educators to provide them with the information and resources necessary to support foster youth throughout high school and in obtaining post-secondary education.

FCTC Foster Care to College

~The key to college success

There are a number of resources available to youth in foster care and former foster youth who are interested in pursuing a program of post-secondary education. Whether they want to pursue a technical or vocational certificate, a two-year degree, or a bachelor's degree, there are financial resources and professional supports available.

Who can you contact for help?

For information about FCTC mentoring, seminars, or the Education and Training Voucher Program, contact:

Marlanne K. Ozmun
FCTC Program Manager
DSHS Children's Administration
1115 Washington St. SE, Box 45710
Olympia, Washington 98504
360/902-7928

For information about Independent Living and Transitional Living programs for foster youth and youth transitioning out of the foster care system, contact:

Rick Butt
Independent Living Program Manager
DSHS Children's Administration
1115 Washington St. SE, Box 45710
Olympia, Washington 98504
206/923-4891

For information about resources for foster youth in the Washington State public school system, contact:

Ron Hertel
Program Supervisor, Readiness to learn
Office of Superintendent of Public Instruction
Box 47200
Olympia, Washington 98504
360/725-6049

For tools and resources to help youth succeed in school and develop independent living skills, contact:

John Emerson
Senior Manager of Education
Casey Family Programs
1300 Dexter Avenue North, STE 300
Seattle, Washington 98109
206/282-7300

For information about college financial aid resources for foster youth, contact:

Juliette Knight
Program Manager,
State Work Study and
Foster Care Endowed Scholarship
Higher Education Coordinating Board
Box 43430
Olympia, Washington 98504
360/753-7842

For information about the Governor's Scholarship Program or Make it Happen! The College Experience summer program contact:

Mary Herrick
Independent Student Services Officer
Washington Education Foundation
1605 NW Sammamish Rd. STE 100
Issaquah, Washington 98027
425/416-2022

For more information about educational advocacy or the Coaching to College model, contact:

Degale Cooper
Director of Programs
Treehouse
2100 24th Avenue S. #200
Seattle, WA 98144
206/267-5120

How are we funded?

In addition to the financial and personnel resources of our partner agencies, the Foster Care to College partnership receives generous funding from the following organizations:

- Bill and Melinda Gates Foundation
- Lumina Foundation
- Norcliffe Foundation
- Northwest Children's Fund
- Stuart Foundation

Foster Care to College Partnership Advisory Board Guide

Advisory Board Charge:

Provide strategic direction, establish program goals, evaluate program implementation and performance, and identify fiscal needs for program continuation and expansion.

Ongoing Member Responsibilities:

1. Provide strategic direction for implementation of activities.
2. Review progress towards objectives and outcomes. Make recommendations to strengthen program components.
3. Ensure effective project evaluation plan is in place. Review and make periodic adjustments to the evaluation plan.
4. Educate community and grantors on the mission, goals and accomplishments of the Foster Care to College Partnership (FCTCP) in order to support program sustainability.

Procedures:

Members:

1. The primary and alternate voting representatives, as well as ex-officio members listed in this document shall be considered the Advisory Board (AB) once a final implementation plan for the AB has been approved.
2. AB members will be provided with a written AB guide, including information on AB members, responsibilities and procedures.
3. Current AB members shall nominate new members as needed. Nominations shall then be voted on.
4. Requests to become an AB member shall be brought to the subsequent AB meeting for discussion and a vote.
5. If the new member is approved, they shall be mailed an invitation letter, partnership information, and a written AB guide that includes information on AB members, responsibilities and procedures.
6. If the new member accepts their nomination, their name and contact information shall be added to all AB contact lists and membership lists.
7. Any person invited by the AB to a meeting who is not a primary voting representative, alternate voting representative or an ex-officio member shall be considered a "guest."

Voting:

1. Each organization with a signed commitment of resources toward the partnership goals shall be able to cast one vote,

Foster Care to College Partnership Advisory Board Guide

- represented by either a primary or an alternate voting member. All other AB members will be ex-officio, non-voting members.
2. Votes shall be cast by the primary representative. An alternate representative has full voting rights in the absence of the primary representative. The alternate will serve as the interim representative if the primary representative is unable to continue as a member of the partnership, until the organization designates another primary representative (in writing).
 3. A majority of voting members must be present at a meeting in order to call a vote. For an action to be approved, a majority of the total voting body (including those not present) must vote in favor of the action.
 4. Absentee votes are permissible if the voter is fully informed on the voting action. Absentee votes must be submitted to the Program Manager prior to the partnership meeting via email.
 5. An Executive Session, that includes only voting members, may be called if necessary to expedite voting procedures.

Workgroups and Subcommittees:

1. Short-term workgroups and ongoing subcommittees shall be developed based on overall needs identified by the AB, and will be responsible for current or new projects that fall within their respective charge.
2. Workgroups shall be charged by the AB with accomplishing specific, time-limited objectives with deliverable products.
3. Subcommittees shall be charged by the AB with monitoring continuous quality improvement of focused areas.
4. AB workgroup and subcommittee composition will be based on affiliate organization, area of expertise, availability and existing resources.
5. Workgroups and subcommittees will develop expert recommendations and present them to the AB. The AB will review recommendations for potential issues, suggest changes if necessary, and vote whether to approve the workgroup recommendations.

Meetings:

1. The FCTC Program Manager (or Assistant) shall undertake the administrative functions and activities necessary to support implementation of the FCTCP. This includes documenting, updating and archiving all processes of the AB.

Foster Care to College Partnership Advisory Board Guide

2. An annual schedule of meetings shall be developed. During implementation, monthly meetings from 10:30-1:30 on every third Tuesday will continue.
3. Once implementation plan is established and in progress, the AB meeting schedule will change to quarterly full-day meetings, and AB members shall be provided with quarterly programmatic updates from the FCTC Program Manager and annual and summary reports from the program evaluators.
4. Clear and thorough information materials, including an agenda listing *items to be voted on* shall be circulated to all AB members at least one week prior to each meeting.
5. Complete and accurate minutes of all meetings shall be maintained. Minutes to all board members shall be disseminated within two weeks after each meeting.

Voting Members:

Organization: Casey Family Programs

Primary Representative: Ron Murphy

Alternate Representative: John Emerson

Organization: DSHS Children's Administration

Primary Representative: Ross Dawson

Alternate Representative: Tammi Erickson

Organization: Higher Education Coordinating Board

Primary Representative: Betty Gebhardt

Alternate Representative: Juliette Knight

Organization: Office of Superintendent of Public Instruction

Primary Representative: Ron Hertel

Alternate Representative: Melinda Dyer

Organization: Treehouse

Primary Representative: Janis Avery

Alternate Representative: Degale Cooper

Organization: Washington Education Foundation

Primary Representative: Mary Anne Herrick

Alternate Representative: Ann Ramsay-Jenkins or Steve Thorndill

Ex-officio (non-voting) Member Nominees:

People who currently provide expertise at meetings:

Drafted by M. Herrick 3/2/06

Reviewed by AB work group 3/7/06

Reviewed by full Partnership 3/21/06

Foster Care to College Partnership Advisory Board Guide

- Foster Care to College Program Specialist – Marianne K. Ozmun
 - CA Education Program Manager – Annie Blackledge
 - CA IL Program Manager – Rick Butt
 - CA Adolescent Unit Supervisor – Gina Brimner
- Organizations the AB needs expertise from ASAP:
- Passion to Action (two representatives)
 - State Board for Community and Technical Colleges
 - WA Workforce Development Council
 - DSHS - JRA

Optional Ex-Officio Members to invite at future date:

- Court Appointed Special Advocates (CASA)
- Gates Foundation
- Governor's Office
- Legislators
- Seattle University
- Stuart Foundation
- TRIO and Gear Up
- Washington Council for Exceptional Children/ DO-IT (UW)
- Washington Foster Parent Association
- Washington School Counselor Association

Optional subcommittees to consider at a future date:

- College Financial Aid Resources
- Communications
- Direct Services
- Evaluation
- Funding/ Sustainability
- Policy/ Advocacy
- Program Management
- Training

"Expect Success: Supporting Foster Youth in School"
EDUCATION SUMMIT
DRAFT AGENDA TEMPLATE

8:30 -9:00	Registration, Networking and continental breakfast
9:00- 9:15	Opening Remarks: Regional Administrator
9:15- 9:45	Setting the Context Power Point Presentation (10 minutes) <ul style="list-style-type: none">○ Poor education and adult outcomes for children and youth in foster care○ Breaking the Cycle of Misfortune○ HB 1058 and CA/SD agreements Endless Dreams Video (15 minutes)
9:45- 10:30	Panel-Challenges Facing Foster Children, Early Learning through Postsecondary Education
10:30- 10:45	Break
10:45- 12:00	<i>TBD by planning group</i>
12:00- 1:00	Lunch/ Recognition of Outstanding Schools/Foster Parent's/Social Workers
1:00- 2:30	Success Stories Video and Youth and Ally Panel Discussion (Working with Mary Herrick from Washington Education Foundation to recruit Governor's/ Achievers Scholars and their significant adults for each region. Ed Leads will want to find a teacher/school staff who works with foster youth)
2:30- 2:45	Break
2:45-4:00	Action Planning (Summit Planning groups will need to structure this activity based on regional needs. The idea is to re-enforce school agreements.i.e. make sure local schools have a copy of the agreement, plan cross training opportunities, review of existing agreements etc.)
4:00- 4:15	Evaluations
4:15- 4:30	Closing

**TEAMING FOR SUCCESS:
Supporting Foster Youth in Schools
Agenda 10-23-03**

Katharine Cahn will facilitate today's conference.

8:30-8:50

- Registration
- Catered breakfast, networking

8:50-9:00

- Opening remarks - Dee Wilson
-

9:00-10:00

- Guest speaker-Mason Burley

10:00 - 10:15

- Break

10:15- 11:15

- Guest speakers- Above and Beyond
 - History of Multiple Disciplinary Team (MDT) - Doug Wilson and Dennis Auve - Division of Children and Family Services (DCFS)
 - Vader School district - Joann Anshutz
 - Current MDT Activities -Bruce Thomas and Dennis Auve - DCFS

11:15- 12:15

- Video
- Roles/Responsibilities

12:15-1:15

- Catered Lunch

1:30-2:30

- Guest Speaker- Janis Avery

2:30-2:45

- Break

2:25-3:45

- Break out groups by county

3:45-4:00

- Report on group work

4:00-4:15

- Complete evaluations

4:15-4:30

- Closing comments - Dee Wilson

**Teaming for Success:
Supporting Foster Youth in Schools
Agenda 11-9-04**

Katharine Cahn will facilitate today's conference

8:30-9:00

- Registration
- Catered breakfast and networking

9:00-9:15

- Opening remarks by Region Six Regional Manager
-

9:15-9:45

- Representative Ruth Kagi
- Background and purpose for SHB 1058a

9:45-10:00

- Break

10:00-11:45

- Janis Avery- Executive Director for Treehouse or designee, Ron Hertel from OSPI and Anni Blackledge from DSHS CA
- Discuss SHB 1058a
- Protocols/tools/resources
- Field guide for information sharing
- MOU
- Questions and discussion

11:45-12:00

- Break

12:00-1:00

- Catered lunch
- Foster Care alumni reflecting on experiences while in foster care

1:00-2:00

- Experiential statistics on graduation rate
- Jeopardy
- Question/answer and discussion

2:00-3:00

- Speaker from school/special Ed/other professionals. May be a panel?

3:00-3:15

- Break

3:15-4:00

- Networking by area

4:00-4:15

- Complete evaluations

4:15-4:30

- Closing comments -- Region six Regional Manager

Foster Care To College Partnership Budget Funding Status

Activity	Year 1	Year 2	Year 3	Total	Approved or Requested Funding Source	Status
Make it Happen Summer Program	\$ 92,645	\$ 111,174	\$ 129,703	\$ 333,522	Stuart Foundation	Funded
Brochure	\$ 7,500	\$ 7,725	\$ 7,957	\$ 23,182	Stuart Foundation	Funded
Coaching to College Training	\$ 58,145	\$ 59,989	\$ 61,888	\$ 179,720	Stuart Foundation	Funded
Website	\$ 7,000	\$ 2,000	\$ 2,060	\$ 11,060	Stuart Foundation	Funded
Advisory Board	\$ 10,303	\$ 10,303	\$ 10,303	\$ 30,909	Stuart Foundation	Funded
Colleges Prep Seminars (printing and supplies)	\$ 49,500			\$ 49,500	Casey Family Programs	Funded
	\$ 5,000	\$ 5,000	\$ 5,000	\$ 15,000	Casey Family Programs	Funded
		\$ 60,009	\$ 61,960	\$ 121,969	Casey Family Programs	Funded
Evaluation	\$ 66,000			\$ 66,000	DSHS Children's Administration	Funded
		\$ 68,145	\$ 70,189	\$ 138,334	DSHS	Funded
Regional Coaching to College Contracts	\$ 131,000	\$ 215,000	\$ 220,000	\$ 566,000	Gates Foundation	Funded
		\$ 61,245	\$ 63,082	\$ 124,327	Stuart Foundation	Funded
		\$ 74,608		\$ 74,608	Stuart Foundation	(Rollover from year one)
Program Manager	\$ 85,000	\$ 85,000	\$ 85,000	\$ 255,000	DSHS Children's Administration	Funded
Program Assistant & Expenses	\$ 85,361	\$ 85,361	\$ 85,361	\$ 256,083	DSHS Children's Administration	Funded
Training for foster parents, social workers, educators	\$ 50,000	\$ 50,000	\$ 50,000	\$ 150,000	Norcliffe Foundation	Funded
	\$ 20,000			\$ 20,000	Anonymous Donor	Funded
	\$ 25,000	\$ 25,000	\$ 25,000	\$ 75,000	Northwest Children's Fund	Funded
Transformation Fund	\$ 20,000			\$ 20,000	Stuart Foundation	Funded
State Regional Education Coordinators (Includes \$400,000)	\$ 650,000	\$ 650,000		\$ 1,300,000	WA Legislature/Federal Match	Funded
Total Raised	\$ 1,362,454	\$ 1,570,457	\$ 877,301	\$ 3,810,212		
WEF Goal	\$ 1,524,711.00	\$ 1,765,274	\$ 1,160,357	\$ 4,450,342		
Remaining Need	\$ 162,257	\$ 194,817	\$ 283,056	\$ 640,130		
Pending						
Regional Coaching to College Contracts	\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	QJDP	Pending
Training for foster parents, social workers, educators	\$ 10,000			\$ 10,000	Puget Sound Energy	Pending

*Remaining need for year 2 CTC: \$79,149

Communications from Parties

II. Plaintiffs' November 8, 2006 Response to Children's Admin. Proposed Compliance Plans



November 8, 2006

Steve Hassett
Senior Counsel
Office of the Attorney General
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124

Re: Plaintiffs' Response to Department's Proposed Compliance Plans

Dear Counsel:

Following are our comments on the proposed compliance plans submitted by the Department in response to the action steps found incomplete in the Second Monitoring Report.

We appreciate you and Deborah taking the time to answer initial questions we had regarding the proposals. The information was helpful in understanding the full nature of the plans.

1. Mental Health, AS 2(c)(1), page 17, Regional Medical Consultants

As we discussed, we look forward to the completed report. This report should include complete regional reports from the RMCs themselves. Plaintiffs' concern with the previous reports was the lack of consistency between the RMCs reports – some were cursory and provided little or no helpful information, whereas others were significantly more helpful. We believe the plan does not provide enough guidance to ensure that the Report will be helpful, and believe the Department should provide more details on what will be included in the Report, which should have significant information on each region.

2. Mental Health, G3O2B4AS2 Mental Health Crisis Lines

As we indicated in our call, we do have concerns about the whether the Mental Health Crisis Line workers are trained on understanding relevant issues related to the foster care process. We are not convinced that a basic understanding of the foster care system is irrelevant to crisis mental health interventions. We do agree that the plan to reach compliance appears to meet the concerns of the panel, as long as the "information" referenced in step 5 of the plan to reach compliance ("MHD will provide information on the Foster Parent Support Line to all MH Crisis Lines for posting") includes information on the "purpose of the foster parent after hours support line" as the Panel recommended in its Comments in the 2nd Monitoring Report.



3. Mental Health, G3O2B4AS3, page 19, Notice of denial of assessment

We have some concerns that the plan laid out by the panel will be too slow, given the fact that the Health Unit is new and will be working on a variety of issues relevant to any start-up program. We are concerned that delegating to the Health Unit at this juncture will result in delaying the report beyond March 15, 2007. We do not think that the question of what notice and review rights are available is one that needs to be delegated to the Health Unit – these should be fairly easy to determine.

4. Mental Health, G3O3B1AS1, page 20, Assessing Disproportionality

Based on our discussion, it appears that the “report on existing data sources” in June 2007 will include longitudinal data. Assuming the data is sufficient to allow the Panel to set baselines and benchmarks by March 30, 2008, the plan to reach compliance is acceptable.

5. Unsafe Placements AS4(c)(2), page 28, Visit Within First Week

In general, Plaintiffs are concerned with the pace of the implementation. Specifically, the fact that almost 3,000 children will not be covered by this policy until July 2008 is very concerning. Plaintiffs would like more information about the exact number of caseworkers estimated to be needed to fully implement this policy. We would recommend this be converted into an outcome and benchmark.

Not specific to this action step, we do have comments about the attached policy on social worker visits. We are concerned with the language that “the majority of the monthly visits are *expected* to occur in the child’s residence.” This language should be stronger, and should require that the majority of the visits occur in the child’s home. This will soon be required by federal law (Child and Family Services Improvement Act of 2006, Sec. 7(b)). Additionally, the language in section F. that indicates that the social worker “may make collateral contacts” to inquire about the child’s status is similarly weak. The language should be “must” or, at a minimum, “should.” We have other concerns related to the policy’s exceptions and other provisions that we will not go into here.

6. Unsafe Placements, AS4(c)(3), page 29, 24/72 Hour Abuse/Neglect Assessments

We recognize and applaud the Department for making a significant improvement in its CPS response rate to emergent and non-emergent referrals involving licensed providers. Obviously, we are concerned about the response time to unlicensed providers. As we discussed, it seems that the data might be presented in a way that is less confusing as it regards *Braam* class members vs. non class members.

Although we would ask the Department to consider providing some clarity in its report, we do not object to this step being found complete with the provision of this additional information.

7. Adolescents, AS 6(c)(7), page 35, Foster Care to College Partnership

Steve Hassett
November 8, 2006
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In our phone call, we requested further information about the level of funding for the FCTC program. Although there appears to be some information provided, it is unclear whether the program has \$500,000 for each fiscal year or has \$500,000 total for FY 2007-2009. Plaintiffs would request that the Department provide a monthly update about the progress of securing a formal evaluator. The description of the programming looks promising, but we would like more information on how many youth have benefited and will benefit from the program (e.g., how many youth went to the 4 day residential on campus program provided in summer of 06, etc.). We also hope that there will also be an analysis of the usefulness of each program.

8. Adolescents, AS 6(c)(9), page 36, Educational Brochures/Information packets

Plaintiffs have no comments on this compliance plan.

9. Adolescents, AS 6(c)(10), page 36, Tutoring and Mentoring

Plaintiffs are concerned that if the regional workgroups' plans to address regional gaps requires a legislative appropriation, the end of February will be too late to make a request, and it will further delay a substep that will be, at that point, over a year late. Any plans, or at least the identification of resources needed, should be completed by mid-January. The compliance plan also does not describe any change in the implementation date for the plans, which are already overdue.

10. Adolescents, G2O3AS1, page 40, WSIPP study

We are happy to learn that WSIPP is interested in replicating the study, and that the study would be completed in 2007. We appreciate the work CA has done to move this process along. As we expressed to you on the phone, we would appreciate more of a description of a backup plan if it starts to become clear that WSIPP is unavailable to do the study as well as a set date by which a backup plan will be developed.

11. Adolescents, G3O3AS5, page 41, Children Missing From Care

Plaintiffs have no comments on this compliance plan.

Finally, I believe you indicated that the Department was still working on a compliance plan regarding the action step relating to caregivers' rights to request an administrative review of any denial or undue delay of an assessment or a service (G3O2B4A3, page 31) as we do not have a compliance plan in this area. Please notify us if we are mistaken.

Steve Hassett
November 8, 2006
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Again, please let us know if you need clarity on any of our comments.

Sincerely,

A handwritten signature in cursive script, appearing to read "Casey Trupin", followed by a horizontal line.

Casey Trupin
On behalf of Counsel for Plaintiffs
Braam v. DSHS